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Medical Lib.

The Public Health Nurse

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Number 12



Gifts for All

A Christmas Story

By Laura A. Brayer

And other Christmas Tales



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The PUBLIC HEALTH NURSE

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Before the paling of the stars,
Before the winter morn,
Before the earliest cockerow,
Jesus Christ was born:
Born in a stable,
Cradled in a manger,
In the world His hands had made
Born a stranger.

Priest and King lay fast asleep
In Jerusalem,
Young and old lay fast asleep
In crowded Bethlehem:
Saint and Angel, ox and ass
Kept a watch together
Before the Christmas daybreak
In the winter weather.

Jesus on His Mother's breast
In the stable cold,
Spotless Lamb of God was He,
Shepherd of the fold:
Let us kneel with Mary Maid,
With Joseph bent and hoary,
With Saint and Angel, ox and ass,
To hail the king of Glory.

—Christina Rossetti

GIFTS FOR ALL

By LAURA DRAPER

Community Health Association, Boston, Massachusetts.

Illustrated by Nancy Daniels

MISS ALDEN, seventy-one years old, feeble, crippled with rheuma-



tism, lived at the top of two flights of stairs with her ancient dog, Major. A tiny income permitted her to pay her rent and buy food and fuel. Her disabilities prevented her from descending the stairs to purchase these necessities and left her dependent upon a commercially minded boy. When he forgot, she ate crackers and stayed in bed. There was always the possibility that she might have a fall and lie helpless and unaided for a day or more.

Obviously, she was one of the problems of the West Side district. The nurses had realized on the day she was admitted that she couldn't go on living in that fashion. Within a fortnight a very good plan was worked out for her; the Jacksons, a warm hearted young couple with one baby and scant funds, needed a lodger and were ready to welcome an old lady. But Miss Alden, like many another, preferred her own plans. The nurse used all her tact without avail; the supervisor called into play her imagination and ability and retired discomfited before Miss Alden's brief ultimatum:

"If you want to come here once a

week and help me take a bath, you're welcome. If that isn't satisfactory to you, I'll get along the way I did before."

There seemed no room for discussion and Miss Alden remained a subconscious, periodically acute, worry.

It was October when Ruth Willis graduated from training school, came to the West Side district, and inherited Miss Alden. The supervisor told her about her.

"She is a woman of some education and refinement," she added. "That is evident, but she has never told us anything about her life. She is unresponsive. Most of our chronics have their endearing qualities—patience or humor or sweetness that are splendid. But poor Miss Alden has a cast-iron air that won't let anyone get anywhere near her."

Ruth was twenty-three, animated, accustomed to being liked. She advanced upon Miss Alden eagerly and fell back in puzzled confusion before the cold eyes in the narrow, fallow face.

She carried bittersweet from the autumn woods and set the graceful, scarlet studded sprays in the grey window. From a happy week-end on Cape Cod she brought bay berries. "If we put them in the sunshine, I'm sure they'll smell sweet," she told her patient. "The red berries shook off considerably," the old lady responded stiffly. She stored up warm, human stories of babies and boys and girls; they withered and came to weak conclusions under Miss Alden's unsmiling regard. But she persisted—little gifts occasionally, tales of plays she had seen, of books, of entertaining people. Out of the abundance of her busy life she tried to bring light and color into the isolated room.

Yet she drew no nearer. "I haven't

made a dent," she admitted to herself, "and probably she thinks I talk too much." As the weeks passed her perseverance became less enthusiastic, more dogged. The novelty of her first job was wearing away and the poverty and ignorance and inertia of the district were pressing upon her. They were with her at the table, before the fire at home, at the Symphony concert. She felt that she had no right to such blessings, while others went so greatly without.

Upon the heels of this depression came self-doubt. What was she accomplishing with her families? Had any of them acted upon any of her suggestions? Other nurses were reporting prenatal patients brought under early medical supervision, children sent to habit clinics, mothers lured into budgeting their incomes. Nobody had paid any attention to what she said, she didn't see why they should. She didn't know much; she didn't know how to teach. Briefly, she couldn't make good with people!

She tried to conceal her discouragement. Curiously enough, Miss Alden seemed to be the only person who guessed it.

"You sick?" she thrust at the girl, suddenly.

"Of course not. Why should you ask?"

"Something's wrong."

"Not really." Ruth managed a laugh. "A little tired, maybe. Everyone is, just before Christmas. Don't you think so?"

But Miss Alden had retreated into her fastnesses.

"I don't know as it makes any great difference to me," she commented distantly.

Ruth had volunteered to work on Christmas day. It was a crisp morning of brilliant sky and crunching snow. People on the trolleys were parcel laden and smiling. A baby staggered across the aisle and gave her a spray of holly, minus berries, minus most of its leaves. In spite of herself her spirits rose.

"After all, I'm young and strong,"

she told herself. "When I've done my other cases, I'll drop in on Miss Alden and I'll give up my job if I can't make her smile to-day."

It was noon when she climbed the familiar stairs. As usual, Miss Alden sat erect in the stiff-backed chair by the stove, as usual the fat old dog dozed against her feet. But when she saw Ruth, a faint color rose in her thin cheeks.



"I didn't expect you to-day," she offered unexpectedly. "I was thinking about you. I'm glad you came."

She paused awkwardly and Ruth hastened to pour conversation into the gap. The old lady continued unheedingly.

"I wanted to ask if you thought you could arrange for me to go live with those people, to-morrow. I don't want to stay here longer than necessary. It would be"—there was a barely perceptible hesitation—"it would seem strange without Major."

Major? Obviously not deceased since he slumbered between them, snoring chokingly, a singularly unappealing dog. She looked her increasing bewilderment. The old woman's defensiveness of manner intensified.

"I guess I haven't been any too pleasant. When you first came, I'd got to thinking nobody wanted anything of me and I wouldn't want anything of anybody. That was why I wasn't more agreeable. You've done your best; I don't know but what you've gone out of your way to show me kindness. Now I've decided to make you a present. It's Major."

After one has pushed against a closed door for a very long time, one tends to forget why one is pushing and continues simply from habit. Ruth realized that the door to Miss Alden had amazingly burst open—and that she had no idea what to do about it.

"But no," she heard herself stumbling, "that is too much. Not Major, I—I couldn't."

"I guess you can," Miss Alden contradicted brusquely. "I never thought much of giving knick-knacks for the sake of giving, but when I could make a present that would be valued, I did so. You've looked tired lately and I know why. It isn't Christmas; it's lonesomeness. You need a dog to be company to you. I don't know as we need to say any more about it."

Ruth tried to steady the whirl of her emotions. Miss Alden became her friend—Miss Alden accepting her ad-

vice—the West Side district's most persistent problem solved! A lodger for the Jackson's room! And—perhaps—a grandmother for the Jackson baby! Tears blurred the forbidding old figure, so that Ruth dared. Hastily she clasped Miss Alden's hands and leaning over kissed her.

"You don't know, you can't guess, what a wonderful Christmas present you've given me." Miss Alden's manner did not soften but Ruth felt her hands pressed.

"He's a very good dog," she answered, "and it's a pleasure to do it. It's been quite a while since anyone needed anything such as I had to give."

And that, Ruth reflected before she fell asleep that night, had always been the key, if she had but seen it. Miss Alden, alone, remote from the world, had wanted someone to need her.



CHRISTMAS IN THE HIGHEST VILLAGE

On a plateau in the North Carolina mountains, the highest point east of the Rockies, is a tiny village. To travel to or from it is difficult. Steeply sloping mountains and virgin forests lend to the seclusion of its inhabitants as they do elsewhere in that isolated region to scattered settlements and lonely cabins where life is hard and luxury is absent. Harsh, lonely lives the people of the mountains have, existences of toil with their actual struggle to make even a bare subsistence allowing them to take no account of comforts. Very naturally they have become apathetic. As regards the seasons of merry-making in the coun-

try beyond their ken no period of the year matters to them more than any other. What has Christmas to do with them or they with Christmas?

Saint Nicholas of sixteen centuries ago with his three purses of gold thrown through an open window three successive nights transformed the lives of three maidens. Legend now makes of him the Santa Claus whose gifts on Christmas Eve recall the tradition of a divine pity that changed life from wretchedness to happiness for those far-away girls of Myra. "The highest village" has its Saint Nicholas. As in the St. Nicholas story of old, there are three scenes.

Scene 1. Try to picture three mountain schools. It will be difficult if you have seen only the ones of the civilized lowlands unless of course you have enough fancy to conjure up the exact opposite. Many of these pupils have never seen books or toys. What could a Christmas tree be to them?

Hours ago these children were banished from the sight of their school room. They were not allowed to see it even in a peep until they were invited to walk in. Then picture, as it appeared to them, the pyramidal green of the Christmas tree, on the feathery boughs dangling all kinds of wonderful things such as some of them had never seen before—pretty dolls, pictures, story books, toy animals, miniature machinery, balls, whistles—ordinary perhaps to sophisticated children of the more favored regions, but to these mountain boys and girls they seemed a heavenly dream come true on earth. Christmas means something now and young minds begin constructing legends about the coming of the Delano Memorial Red Cross Nurse.

Scene 2. This is a mountain home. The father is away and the mother is ill with tuberculosis. For the two small children as for her, Christmas seems likely to be only a more meager time than ever. Then visualize the entrance of the public health nurse. Our modern Saint Nicholas arrives through the door and not by the open window. She has goodies for the dinner table and a box of toys and a tree cut specially for the occasion. The Christmas spirit is left behind to illumine the months ahead.

Scene 3. It was Christmas morning. In the mountains a heavy frost hung the trees with glittering diamonds. The world sparkled as the sun came over

the horizon. The nurse set off to make another Christmas, one for a lonely old lady who lived, as if she were in the first sentence of a fairy tale, all by herself. She was enticed out of her tiny house which did not take long then to transform. Over the old table a bed sheet was spread, a tablecloth being unknown. White tissue paper then covered that. And in the center a big red candle with evergreens banked around it, beside it a baked hen, biscuit, mince pie, jelly roll, cake, fruit, nuts, raisins, candy and a jar of jelly, with two pounds of coffee remaining in the pretty basket. The candle was lit and the old lady appeared. From her hiding



*The Highest Village Saint Nicholas
A Delano Nurse*

place the nurse Saint Nicholas heard her gasp and Santa Claus was a reality to her at that moment, for she said, "He's shore been here."

POSTERS, PAST AND PRESENT

By M. CARTER ROBERTS AND BEATRICE SHORT

IN the year 146 B.C., in the city of Alexandria, two runaway slaves were advertised for by an irate master. The notice was written on a sheet of papyrus and subsequently displayed in the public streets bearing such details of the event as the description of the defaulting menials and a statement of the reward offered for their capture or information leading thereto. Through this we may suppose that the papyrus sheet, newspapers being lacking to civilization at that time, was the ancient equivalent of the "Lost, Strayed or Stolen" column of to-day. At any rate, it is now on exhibition in the Louvre to prove once again that when emergencies have arisen demanding speedy and graphic publicity the Poster has filled the need.

Past

Further examples are not wanting to show that this has been a lasting truth. The Greeks of Athens devised circular white boards which would revolve slowly on a pole for the publication of legal proclamations. The Romans passed a special law, *actio corruptionis albi*, providing for the punishment of offenders who removed placards bearing information for the public. Herod the Great in the days of his magnificence, had a neat and forceful notice posted by the portals of the temple in Jerusalem imparting to foreigners the news that entrance meant death, perhaps the first example of "Visitors Forbidden" on record. Still before printing was discovered, Francis I of France, having made himself a new set of police decrees, ordered that their import be delivered to the public by the means of large placards—"escriptée de grosses lettres"—and when Caxton had first come on the possibilities of the press, he instantly perceived the profits to be made from job printing and one of the first contracts which he filled was for a poster.

The monasteries which were partly supported by the beautiful hand craft which they developed made use of placards to call attention to their productions.

The public with something to sell was not slow to grasp the opportunity presented to it by the new invention. Following its appearance the shops of the tradesmen of all degrees and the booths of acrobats and jugglers began to display printed descriptions of their attractions. And this might be called the beginning of the history of the modern poster, since in a very short time the canny merchants discovered the value which illustration has to help out words and proceeded to decorate, according to their varying abilities, each the unprinted spaces of him own shop placard. Whatever else the result may have been, the sights of any 17th century mercantile district must not have been monotonous.

Strictly speaking, however, there is no modern poster art that dates back earlier than the middle of the 19th century. The French, just as to-day they are designing posters far superior to those of other countries, were pioneers then. They were the first nation to make poster advertising a special branch of pictorial art. Books they chose for their first poster subjects, following close after with the topics of the theater, the art exhibits, the smart periodicals and gradually anything of wide enough importance to claim through a glance the attention of a large number of people.

Present

The central point of any poster advertising was early detected to be that it conveyed a message in a flash, and the virtue of *good* poster advertising, it became recognized, was that its flash was sufficiently dazzling to linger in the mind of the beholder. In other words it filled the need created by any

emergency demanding speedy and graphic publicity.

It took the World War to bring home to popular leaders the fact that posters can be used to almost indefinite influence—that enough posters properly distributed can be made to educate a nation. It is a long way from the capture of runaway slaves, from the over-awing of illiterate crowds by the display of new police regulations carried along in the hands of armed soldiers to the saving of lives. It is none the less the evolution through which posters have passed.

This form of publicity now comes to the hands of the public health worker as a very potent medium in making the crowd understand the message to be delivered. Teeth, tonsils, eyes, ears, posture, height, weight—these are some of the words into which the nurse has to inject a significance in the minds of her lay group. There is no better way for her to accomplish this simple-sounding but often complicated process than by the use of posters. Pictures tell. A moment can be prolonged indefinitely in paint. Points first made in talks and interviews can be permanently driven into the minds of the people concerned by the simple mechanics of their repeated stimulus as they are seen on frequent fence posts or in window displays. It is not, however, the aim of this article to elaborate this point, which is obvious, but rather to help the public health nurse at her work to make use of it.

Home Talent Only

One of the first ways of doing this is by the home-made poster or wall-chart. There is a certain advantage in this type of placard over those supplied ready-made from various sources in that it can be designed to fit the local situation and so strike home to its own beholders as bearing a message directly for them. Something of impersonality which pertains to the widely seen poster is lost from the good forceful home-made one, designed to fit exactly to community conditions. Likewise, if a poster of merit is designed by an association for its own particular use,

it can be made to serve as an ever-ready reminder of the association's work in people's minds. It can be used as and become a sort of trade mark for the organization and wherever it appears act to focus that organization's work in the beholder's consciousness. Thus the nurse who sponsored the posters will have accomplished something toward putting her group on the map. If she can secure the work of a local cartoonist she has an added drawing card.

That there is abundant interest in the creation of good local posters is evident. Nurses are constantly seeking material to fit their situations and not always finding what is suitable. To put certain helpful facts before them we outline from the poster sessions of the American Public Health Convention at Buffalo.

At this meeting examples of poster art were judged as follows:

By a physician, for the truth and importance of their message.

By an artist for the value of the composition.

By a psychologist for the appeal of the final form.

The following rules were drawn up:

Choose a poster that conveys its message at a glance.

Choose a poster that is large enough to be seen and understood the length of a school room.

Choose a poster which will appeal to the group for which it is intended.

The physician brought out the importance of choosing a message which lends itself to poster portrayal. He said that it must be *expressed in positive form*.

The artist, one whose schools have taken national prizes, said that students of poster making *must know their subject thoroughly*. Sometimes they prepare leaflets of information on it before attempting a drawing. Sometimes, in order to test group psychology, the poster itself will be the work of a number of students.

The psychologist said that there *must be in a meritorious poster a simplicity of appeal*. The appeal itself need not be based on logic, but it

should be strong and should make the onlooker want to do what it suggests.

As assistance to health workers who prefer to make their own, the American Child Health Association too has published an excellent booklet of suggestions, *Seeing is Believing; How to Visualize Health Through Posters and Other Projects*. This is priced at 12 cents and contains the following ten-point rule for posters:

- Its design must be concrete and definite.
- Its wording must be terse and accurate.
- It must express vitality; even "still life" need not be dully passive.
- It must be stimulating.
- It must arouse thought.
- It must give pleasure; originality, imagination and humor are its assets.
- Its appeal must be instinctive.
- Its arrangement must be directed to a central focus of interest.
- Its lettering must be, first, legible, and then artistic.
- Its color scheme must be simple but bold.
- It must be unerringly neat.
- Its shape must not distract the attention.
- Its size must be fitting for its intended place and purpose.

The American Medical Association in conducting through *Hygeia* an amateur contest in posters on health topics a few years ago published an article on the subject and a reprint of this may be had from the Association, together with reproductions of the prize winning posters. Both these pieces of material ought to be interesting to the nurse on poster-making bent.

Or The Professional Poster

In addition to the home-made poster, however, and probably much more practical for the nurse who is pressed for time in getting her health education plans across there are many other posters, panels and wall charts, well planned and applicable to a number of possible situations, which are distributed by various health organizations. We publish below a list of sources from which such posters can be had and include with them certain other materials in health cards, panels, wall charts, etc., which can be used in health exhibits.

Children's Bureau, United States Department of Labor, Washington, D. C.

The Health of the Child is the Power of the Nation. In colors. 18 x 24. Free.

Maternal and Infant Mortality Charts. 8 Black and White Statistical Charts. 11 x 14. Free.

*Posture Standards. 6 charts illustrating excellent, good, poor, and bad posture for thin, intermediate, and stocky types of boys and girls. 6 for \$.50.

Bureau of Education, United States Department of Interior, Washington, D. C.

*Weight-Height-Age Tables for Boys and Girls. 19 x 23. Each, \$.05; additional copies, \$.02.

*Sleep Poster. 17 x 30. Each, \$.05; additional copies, \$.02.

*Health Card No. 2, Rules of the Health Game. 11½ x 8¾. Each, \$.05; additional copies, \$.01.

*Health Card No. 1, What is Health. 11½ x 8¾. Each, \$.05; additional copies, \$.01.

*Snellen Test Card. 11 x 8½. Each, \$.05; additional copies, \$.01.

*Classroom Weight Card. 12¾ x 24. Each, \$.05.

Bureau of Home Economics, United States Department of Agriculture, Washington, D. C.

*15 Food Composition Charts. 24 x 18. \$1.00.

*8 Food Selection and Meal Planning Charts. 18 x 23. Set, \$.50.

*100 Calorie Portions of a Few Familiar Foods. 23 x 17. \$1.00.

*4 Children's Diet. White. 8 x 10. \$.72.

*4 Children's Diet. Colored. 8 x 10. \$.72.

Office of Coöperative Extension Work, United States Department of Agriculture, Washington, D. C.

Food Makes a Difference. Series of 9 Charts showing the effect of adequate and inadequate diet on animals and children. Suitable for Health Departments and Clinics. 6½ x 8½, \$.12. 8 x 10, \$.18. Bromide Enlargements, 16 x 20, \$1.75; Cloth Mounted, 11 x 14, \$.75.

*All starred material must be ordered from the Superintendent of Documents, Government Printing Office, Washington, D. C., not from the Bureau under whose name it is listed.

United States Public Health Service, United States Treasury Department, Washington, D. C.

- Poster No. 4. Influenza Poster. $9\frac{1}{2} \times 12$. 1 to 50 copies, free.
 Poster No. 1. House Fly Poster. $15\frac{1}{2} \times 19\frac{1}{4}$. 1 to 50 copies, free.

National Health Council, 370 Seventh Avenue, New York City.

- Annual Health Examination. 15×19 . \$.10.

American Red Cross, Washington, D. C.

- 18 panels on Child Welfare. 30×40 . Each, \$.35; series, \$65.00.
 18 panels on Red Cross Service with emphasis on nursing and health education. 30×40 . Each, \$.35; series, \$65.00.
 11 panels on Red Cross Service with emphasis on nursing and health education. 30×40 . Each, \$.35; series, \$40.00.
 The above will be loaned free 20 days from National, Midwestern, and Pacific headquarters.

National Tuberculosis Association, 370 Seventh Avenue, New York City.

- Set of 6 on food, sleep, ill-health, spitting, sneezing, and periodic physical examination for working man. May be used in workshops, clinics, public buildings, or churches. 15×21 , \$.05.
 Anti-spitting. Black on yellow. 21×28 . Each, \$.06; per 100, \$5.00.
 Health To You. Physical examination poster. 19×25 . Each, \$.07; per 100, \$5.00.
 Keep Well Guide. Wall chart with 12 colored illustrations for school-room. $22 \times 33\frac{1}{2}$, \$.26.
 Happy as the Day is Long. Health Rules Poster. Black and white silhouettes on yellow. 16×22 . Each, \$.08; per 100, \$5.00.
 Open Windows Bring Good Health. 21×28 . Each, \$.07; per 100, \$5.00.
 Health Blows Through Open Windows. 21×28 . Each, \$.08; per 100, \$7.00.

American Social Hygiene Association, 370 Seventh Avenue, New York City.

- †Keeping Fit. Set of 48 Cards for Boys. 9×12 . \$2.00.
 †Youth and Life. Set of 48 Cards for Girls. 9×12 . \$2.00.
 Clinic Waiting Room Exhibit. Set of 6. 10×18 . \$1.00.

American Child Health Association, 370 Seventh Avenue, New York City.

- Work and Play. 2 Wall Runners. $50 \times 9\frac{1}{2}$. \$.10.
 Birdseye View of Healthland. 28×40 . \$.10.
 Chart for Estimating Nutrition of Infants. \$.06.
 Weight-Height-Age Tables. Birth to 6 years, $7 \times 9\frac{1}{2}$, \$.05; 5 to 18 years, 4×6 , \$.01.

National Committee for the Prevention of Blindness, 370 Seventh Avenue, New York City.

- Junior Poster, Care of Children's Eyes. 14×20 . \$.10.
 Trachoma Poster, Beware of Roller Towel. 21×30 . \$.10.

American Society for Control of Cancer, 25 West 43rd Street, New York City.

- If Daddy Had Only Known. 17×22 . 1 free. Per 100, \$5.00.
 The Right Way and the Wrong Way. 14 Colored Prints on Cancer Prevention. $12\frac{1}{2} \times 20\frac{1}{2}$. For Health Departments and Clinics. Free.

The American Heart Association, 370 Seventh Avenue, New York City.

- 1 Heart Poster. 18×28 . 10 for \$.30; per 100, \$2.00.

The American Dental Association, 58 East Washington Street, Chicago, Ill.

- 6 Nutrition Posters with 3 Supplementary Photographs. Set rented for week, \$5.00.
 Tooth Brush Drill Poster. 18×26 . Each, \$.10; 10-100 copies, \$.09; 100 or more, \$.08.
 Care of Teeth Posters to be colored by children. Set of 4. 18×24 . Each, \$.02; set, \$.80.
 Exhibitions on Care of Teeth. Set of 4. Rent by day, each, \$1.00; rent by day, series, \$1.00; rent by week, series, \$5.00.

Woman's Foundation for Health, 370 Seventh Avenue, New York City.

- Physical Health. Set of 2. 22×28 . 3 for \$.25.
 Heritage of Life. 22×28 . 3 for \$.25.

†May be borrowed from U. S. Public Health Service and Departments of Health in Southern States for Negroes.

National Safety Council, 108 East Ohio Street, Chicago, Ill.

Posters on various aspects of safety and monthly magazine to members of Council only.

Types of memberships: Industrial, Railroad, Insurance, Special Vehicle, Association, Individual, Elementary or Junior High School, Normal and Teacher Training School, High or Technical School and Library. Different rates for different types of membership.

The National Organization for Public Health Nursing, 370 Seventh Avenue, New York City.

Public Health Nurse in 7 colors. \$10.

Public Health Nurse, Line Drawing, space left for addition of legend suitable to local agencies. 15 x 20½. \$10.

Mother and Baby Receiving Care from Public Health Nurse. Space left for addition of legend suitable to local agencies. 19 x 24. \$25.

Poster Series explaining phases of public health work. Set of 12. 9 x 12. \$85.

American Medical Association, 535 N. Dearborn Street, Chicago, Ill.

Reprint from *Hygeia* on poster making by children, illustrated with reproductions of prize posters in the Hygeia School poster Contest.

Vitamin Food Chart. 22 x 28. \$20.

Iron in Food Chart. 22 x 28. \$20.

Calcium in Food Chart. 22 x 28. \$20.

Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association, 525 W. 120th Street, New York City.

58 Charts on Health Problems in Education. (Diseases, Posture, Rural Schools, Sanitation, etc.) Descriptive list on request.

American Posture League, 1 Madison Avenue, New York City.

Standing Postures (Boy and Girl). 27¼ x 19. Single copies, \$25; 25 for \$5.50.

Adult Posture, 3 Charts (1 standing man, 2 sitting). 22 x 28. \$50.

Ode to Posture. Illustrated Poem. 12 x 15. Each, \$10; 3 for \$25; 12, \$1.00.

Woman's Press, 600 Lexington Avenue, New York City.

Posture Poster. \$35.

Food Charts. Set of 12. \$1.00.

Foot Posters for Adults. Set of 5. \$1.00.

Two Feet of Happiness and Two Feet of Unhappiness. Set of 13. \$75.

Philadelphia Child Health Society, 311 So. Juniper Street, Philadelphia, Pa.

Health and Nutrition Chart, and leaflet telling how to use it. 24 x 30. \$25.

The Association for Improving the Condition of the Poor, 105 East 22d Street, New York City.

5 Food Charts. 22 x 25. (Including Food Primer.) \$2.00.

12 Health Charts. 11 x 14. Black and white. \$2.00.

Chicago Tuberculosis Institute, 360 N. Michigan Avenue, Chicago, Ill.

Clean Up and Paint Up. 18 x 24. \$10.

Don't Spit Poster. 18½ x 21. \$05.

Expectoration Poster. 11 x 14. \$01.

The Christmas Seal Works the Year Round. 13 x 24. \$10.

Sneeze Poster. 14 x 21. \$05; 100 copies, \$2.00.

Swat the Fly Poster. \$10; 100 copies, \$3.50.

Think About Health. 11 x 14. \$01.

Food Rules for Young People. 4 x 7. \$0½.

Mother's Instructions on Child Feeding. 5½ x 8½. \$01.

Am I Ready for School? 5½ x 9. \$01.

9 Child Health Posters. 14 x 22. With C.T.I. imprint: Less than 10 sets, \$75; 10 or more sets, \$50. Without C.T.I. imprint: Less than 10 sets, \$1.00; 10 or more sets, \$75.

Elizabeth McCormick Memorial, 848 N. Dearborn Street, Chicago, Ill.

Distributes posters of a number of organizations.

University of Southern California, Department of Physical Examination, Los Angeles, Calif.

Small Posture Silhouette. 12 for \$30; per 100, \$2.50.

Department of Hygiene and Physical Education, Harvard University, Cambridge, Mass.

Small Body Mechanics Chart. $5\frac{1}{2} \times 8\frac{3}{4}$. Price per 100, \$1.50.

Large Body Mechanics Chart. $25 \times 15\frac{1}{2}$. Each, \$15.

National Child Welfare Association, 70 Fifth Avenue, New York City.

Prenatal Care. Set of 10. \$5.00.

Healthy Babies and Children. Set of 25. \$12.50.

13 on Healthy Babies. \$6.50.

12 on Healthy Children. \$6.00.

Healthy Babies. Set of 10. (For Negroes.) \$5.00.

Physical Care of Babies and Children. Set of 25. \$12.50.

13 on Physical Care of Babies. \$6.50.

12 on Physical Care of Children. \$6.00.

Mother Goose Health Rhymes Posters for Pre-School Children. Set of 8. \$4.80.

Babes in Healthland to Teach Health Habits to Young Children. Set of 8. \$4.80.

The Health Crusader. (For Negroes also.) Set of 12. \$6.00.

Hygiene for School Children. Set of 12. \$6.00.

The American Citizen. Set of 25. \$12.50.

Rainbow Rhymes. Set of 6. For Teaching Children Right Habits of Eating. 11×14 . \$2.00.

Foods and Health. 11×14 . 10 for \$5.00.

Food Values. 11×14 . 10 for \$5.00.

Mouth Hygiene. Set of 12. \$6.00.

The Simple Family. Set of 8. Teaching Safety Habits. 11×14 . \$1.00.

Official May Day Poster. 16×22 . \$15.

All posters are in colors and those not otherwise marked are 17×28 . Each, \$60.

Postum Cereal Company, Educational Department, Battle Creek, Michigan.

Build Strong Teeth. 23×28 . Free.

Nutrition Chart. $36\frac{1}{2} \times 72\frac{1}{2}$. Free.

Colgate's, 581 Fifth Avenue, New York City.

Chart showing approximate ages when teeth appear with emphasis on 6 year molars.

Other agencies distributing posters are state health departments (usually only within their own territory) and local tuberculosis associations.

Many of the organizations listed above distribute the posters of other organizations as well as their own. This information has not been listed here in detail for lack of space. A descriptive booklet, however, is usually obtainable from each organization, naming all the material distributed by it, whether it originated with it or with another organization.



Chinese Posture Poster

A MILKY WAY IN GEORGIA

By MRS. S. B. WHITTIER

Chattahoochee, Georgia

Foreword: THE PUBLIC HEALTH NURSE has the privilege this month, thanks to the courtesy of the editors of *The Survey*, of publishing simultaneously with *The Survey* a prize story of the Harmon Award Quarterly Contest, the competition which was announced in these pages last June for hitherto unpublished accounts of some experiment and achievement in a field of public health. With the following story of an actual experience of her own, Mrs. S. B. Whittier, a nurse, took the second prize. A most distinguished jury was called upon to make the awards.

After my marriage I found myself fifteen miles from a city in a Georgia mill village of some thousand persons of varying and various stages of civilization. Deriving almost entirely from remote mountain regions, their customs were primitive, their social tendencies were practically nil and their ideas of health and hygiene were like the darky's description of too much water-melon—"dar ain't no sich animile." One family, in fact, refused to move into a newly built, modern mill house because they were horrified to find the toilet inside!

When I had become accustomed to causing on my trips through the village more whispers and excited comments than would have been granted a circus parade because I was "de Boss' Yankee wife," I began to prove again the truth of the old saying, "Once a nurse, always a nurse," by eagerly answering calls for help (the cases ranging from green apple aches to a suicide) and by investigating various questions of sanitation that came to my notice.

One morning, John, our negro milk man, casually announced that as his wife had smallpox she would not be able to do my washing "that week." That started a fast and furious train of thought, ending in a series of questions which in turn unfolded a most startling state of affairs. Some of the villagers had their own cows, some had not. To furnish milk to the latter, the mill had procured a number of cows which were in charge of the above-mentioned ignorant negro. He "cared for" them, milked them, sold some of the milk in bottles to a certain number

of families regularly, and the rest through the mill commissary.

"Does John boil the bottles? Scrub the cows and his hands? Use a milk cooler?"—asked the ex-nurse.

"Oh, yes—certainly! Why of course!"—replied her confident husband. The ex-nurse, however, being from Missouri, looked into things. She found that the cows were apparently never curried nor cleaned and that their bags admittedly were washed no oftener than the milker's hands—i.e., never. The milk cooler never had ice nor iced water in it and was merely rinsed out after use with polluted river water. The bottles were washed with cold water and strong washing powders in a dark, dirty-floored basement, in two slimy wooden tubs which were used also for family laundry. Occasionally the washing powders were not thoroughly rinsed out, and the milk in the bottles foamed like beer. What happened in the stomach I hesitate to guess!

Well—we know the worst. Next came the relieving of our feelings and fury by a verbal explosion, and then to work.

My confident husband was first bewildered, then amused, and then interested. Finally he arose to the occasion, and not only backed up my plans but made better ones.

Two wives of leading citizens were called into consultation; trips were made to several small but well-run dairies in the vicinity, the Riot Act was read to other amazed husbands, and a Ways and Means Committee was organized which drew up and presented to the Powers That Be a list of

the desired (and required!) changes. These changes were made as modest as sanitation would allow, for the Powers That Be in a cotton mill town dislike radical upset.

The Powers That Be read, gasped, (remember they and their families were drinking the milk, too!) swore a little at "that d— milk man" and approved, with the following result:

The cows have all been tuberculin tested. They are curried and have their bags washed before milking.

A neat little building, nine by twelve feet, has been erected near the milking stall. It is gray outside and its washable walls of celotex are kept a gleaming white. Its floor is concrete. Across one end runs a sterilizing changer with a thermometer attached, so that there is no guessing. Part of the wall is filled with pegs on which to put the bottles upside down, part is so built as to accommodate coolers, pails, bottles, fillers and so on. Hot steam goes to the house from a sturdy little boiler under a shed outside. A door, plus a screen door, is at one end and just inside is the ice-box which is kept filled, the ice being used in the cooler. Two screened double windows nearly fill each side wall. Under one is a deep enameled iron sink with hot and cold water and an electric bottle brush; under the other is a table.

We have a double supply of bottles, bottle fillers, semi-covered pails, strainers, and coolers.

Three of the ladies—now known as "The Cow Girls"—take turns, a week at a time, at being at the dairy at a certain time each day when a negro especially detailed for the work keeps a fire going under "Job," the boiler. These volunteers wash, rinse and sterilize the bottles and utensils, and as we have the double supply, once a day is sufficient for the two daily milkings.

John has been discharged—no, fired—and in his place is a white man, a willing soul whose aim is to please, even in carrying out "other folks' fool notions."

So far, so good. We have only started. Some day we hope to have a graduate of an agricultural school in charge of the dairy and the gardening which attends the upkeep of a village. We talk of modern barns, of superior stock and—but that is another story. However, if this account of a very modest filling of a very real need should by any trick of Fate win one of the coveted prizes, another public health problem will be solved, for the money will go towards a long-desired Frigidaire. And if anyone who may have read this far wants the above mentioned job, let him—or her—communicate with the author. The greater the applicant's knowledge of cows, milk and sanitation, the warmer the welcome!



Oyster Bake at the Georgia State Nurses' Association Meeting

MIDWIFERY IN ENGLAND

BY MARY BEARD

Advisor in Nursing, Rockefeller Foundation

The tenth in the series on Midwifery, published in October, November, December, 1925, in January, March, April, June, July, and October, 1926.

Editor's Note: Miss Beard spent seven months during 1924-25 making a study of Maternal Care in England especially as it pertains to nurses and midwives. She made brief visits to seven European countries and spent a longer time in Denmark in order that she might compare their experience with midwives with that of England.

Long, long ago, between 1578 and 1655, there lived in England a wise doctor who was concerned about the kind of care English mothers received when their babies were born. His name was Dr. Percivall Willughby. He was the intimate friend of the great William Harvey, and this is what he wrote of the duties of a midwife.

The midwife's duty, in a natural birth, is no more than to attend and wait on Nature, and to receive the child and (if need require) to help fetch the after-birth, and her best care will be to see that the woman and child be fittingly and decently ordered with necessary conveniences, and let midwives know that they be Nature's servants. Let them always remember that gentle proceedings (with moderate warm keeping, and having their endeavors dulcified with sweet words) will best ease and soonest deliver their laboring woman.

More than 35 years ago English nurses and others began to work through the Midwife's Institute for the "efficiency, comfort, and development of midwives," and to petition Parliament for their recognition. Believing that the care of mothers in a normal child-birth was a neglected branch of nursing, those fine pioneer spirits set about the task of enlarging the recognized duties of an English nurse to embrace those of a midwife also.

The Central Midwives Board is a representative English body, open-minded, fair, kind and expressing in an unusual degree the finest ideals of midwives. Listening to the proceedings of the penal sessions of the Central Midwives Board, I thought of many devoted sessions similar to these, through which many of the very mem-

bers present that day have sat patiently working out the standards necessary to raise the life of a midwife to an economic level where proper compensation for reasonable hours and conditions of work will be attained. With the picture of these penal sessions in my mind is another vivid and forgotten scene. A midwife took me with her to a delivery in a London home. The technique of the delivery was beautiful, but it is not that which is so unforgettable—it is what we must call the psychology of a midwife that made me long to have certified midwives for the mothers of my own country. From the moment of the midwife's arrival in that small attic room a quiet assurance seemed to descend upon the patient and to give her courage, control and endurance such as she had not had before. To me, midwives, such as composed the membership of the Midwives Institute, seem to *be* nurses, for though some have not had all the training necessary for general nursing, all midwives have a thorough knowledge of a very special branch of nursing.

I have found in many European countries the same expressed ideal as in England—that education in nursing, in social work, in the laws of public health, should all be part of the midwife's training for her work. Everywhere I have found a tendency to increase the length of training. In Denmark they hope soon to make the course two years instead of one, and to add nothing to its content, only give more time to learn more thoroughly the subjects already included in the curriculum.

Without attending penal sessions of

the Central Midwives Board one could not realize fully how much English midwives, organized for the protection of their highest ideals, have done to safeguard the care of mothers in England. At the two sessions attended, I had an opportunity to observe the fair-minded and understanding consideration of midwives shown by the Central Midwives Board. Five midwives were present and, in addition, one doctor to represent the Midwives Institute. At its very best, and that best is inspiring,

ing, but if, for the sake of the mothers, it seemed to the Board that after many trials she could not meet those standards, her name was stricken from the list in such a way as to leave no bitter sense of injustice in her mind. The organization of the Central Midwives Board seemed to me so democratic that with midwife representation for the large group in the Midwives Institute and also in the Queen Victoria Jubilee Institute the decisions of the Board must always be very largely in-



A Queen's Nurse in Rural England

From "The Evolution of Public Health Nursing," by Annie M. Brainard; W. B. Saunders Co.

the life of a midwife is difficult, and some of the stories I heard at those sessions show the midwife's life under very difficult conditions indeed.

It cannot be easy to pass judgment at the Central Midwives Board, and yet I felt that the highest traditions of medicine and of nursing were guiding the members, for the mother and her well-being were the first consideration, and afterwards the most considerate care and patient forbearance of the midwife under criticism. The goal every member of the Central Midwives Board sought was to help her back to a position where she could maintain the standards set for her call-

fluenced by the opinion of midwives themselves.

Maternal Mortality

In the United States and Canada the maternal mortality rate is 6 and a fraction per 1,000 births.

In England it is 3 and a fraction per 1,000 births.

Midwives in the United States are not generally recognized, and although a conservative estimate gives 50,000 women practicing midwifery they are not, except in a few states, subjected to centralized training, control, or any sort of standardized procedure. In

Canada it is maintained that such women *do not exist*.

It is a fact worth recording that the rate of maternal mortality is practically the same in the two countries; this seems to show that the unsupervised midwife in the United States is not wholly responsible for our death rate.

The recognition of public responsibility for the care of mothers in child-birth has been long in coming to the western continent. The medical profession both in Canada and in the United States has been loath to introduce the Old World midwife as a necessary part of the system of preventive or curative medicine in the New World. The nurses of America have been reluctant to share their work with partly trained women who would be responsible not only for delivery, but also for the nursing care of confinement cases.

We usually determine our public health program by considering its bearing upon the general welfare of the community. This we decide by studying mortality rates and resulting economic loss to the community and the country at large. Our rate of maternal mortality is high and the resulting economic loss great, and it seems evident that we are far behind in our arrangements for the care of American mothers in child-birth, simply because, both in the United States and in Canada, we refuse to consider maternal care an essential, indeed a foremost, concern of the public health authorities.

Comparing Care in England and the United States

The striking points of difference between our country and England seem to be the following:

First—In England and Wales the matter has become a primary concern for the public health authorities and thereby has been, to a great extent, taken out of the field of curative medicine.

Second—The money expended by the Ministry of Health in England and Wales on maternal care for the years 1922 and 1923 was £1,725,263, or something over \$8,500,000.

Third—In England and Wales midwives are attending, on the average, between 55 per

cent and 60 per cent of all births and are subjected to central governmental control and obliged to call a doctor for abnormal cases. (In some parts of the country as many as 90 per cent of all births are attended by midwives.)

England provides for care at confinement by recognizing a group of women whose function it is to attend normal births, *calling in doctors* when abnormalities occur. Training, inspection, and control of these midwives is in the hands of a Central Midwives Board organized in such a way that all the several groups of persons concerned (i.e., Medical Profession, Ministry of Health, the Local Supervising Health Authority, Queen Victoria's Jubilee Institute of Nurses, Midwives Institute and others) are represented upon it. The local administration of the Midwives Act is entirely dependent on the energy and efficiency of the County Councils and County Boroughs, and varies greatly. A member of the Central Midwives Board tells me that in some of the rural counties the spirit of the Act is, even yet, scarcely operative. The £1,725,263 referred to comes from the Ministry of Health in the form of unsupervised cash payments for maternity benefit under the Health Insurance Act; from taxes paid through the local authorities for the purpose of maternal care. These last grants aim at providing a service, not at making individual payments.

Such a program presents three distinct educational problems—

The education, the training and the experience necessary for:

Medical students
Nurses
Midwives.

Even a superficial comparison of the requirements for the training of a nurse or a midwife and the requirements for educating a medical student makes clear the difficulties of the present position. A midwife must, before getting her certificate, have attended not less than twenty births, while it is difficult to secure an equal clinical experience for a medical student, and in some good medical schools he does not personally attend

more than *six or seven*. That the doctors who are expert consultants for these midwives should have so slight a training in normal child-birth is an absurdity apparent both to the midwife and to the doctor. Nor does the previous medical education of the student take the place of clinical experience. "Twenty personal deliveries," says Dr. Janet Campbell,* "are none too many to qualify a practitioner in this branch of medicine, even if the most is made of each case." If, as a leader in the *Lancet*, May 7, 1921, points out, it is really the part of wisdom to "leave the midwifery bag at home and keep your hands in your pockets" then it is deplorable that the vast majority of doctors do not do so but so frequently use forceps. In 78 out of 100 cases attended by general practitioners in a certain hospital, as shown in a recent comparison, forceps were used, whereas forceps were used in only four cases out of the "control" 100 under care of the hospital staff.** Although it seems clear to an observer that the mothers of England are much better cared for in child-birth than are the mothers in the United States, yet Sir George Newman, in an introduction to Dame Janet Campbell's Study of Maternal Mortality, 1924, makes the following statements of the position of England in this matter:

Maternal mortality is relatively excessive in England and Wales.

Since 1902 maternal mortality has not declined proportionately in the same degree as the death rates from all causes of women at reproductive ages, as the general death rate of all persons of all ages, or as the infant mortality rate for children under one year of age. In fact, the child-bearing mother is not sharing equally with the rest of the population in the improved public health.

Maternal deaths are due principally to sepsis (puerperal infection) and to other complications of pregnancy, but deaths due to the former have shown a greater decline since 1902 than those due to the latter cause.

The risks to women in their first confinement are certainly greater than in most subsequent confinements.

The decline in the birth rate, which obviously may bring about a general change in

the constitution of the people, has exerted a relatively small effect upon the degree of maternal mortality.

In respect of the proportion of maternal mortality England and Wales compare unfavorably with Germany, Norway, Italy, Sweden, and Holland.

Excessive rates of maternal mortality are found in the aggregate in the most rural areas and in highly industrial areas (engaged in textile manufactures and coal mining), and especially in certain county boroughs.

Use of Term Midwifery

The word midwifery, in England, is used commonly and in a connection never heard in the United States. For instance, a doctor practices "midwifery" or a medical student "takes his midwifery."

"Midwife" seems to us on this side of the Atlantic almost obsolete. It never was a good word, meaning in its most popular days nothing more significant than "*with the woman*." It would seem wise to find another English phrase to express what is meant by a well-educated, professional woman who is an attendant at normal child-birth.

In France the *sage-femme* or "wise-woman" has real dignity of meaning, and in Denmark their *jordemoder* or "earth-mother" has at least the historic significance attached to the Roman father who pronounced the life or death sentence on the baby raised up from earth by the attendant. A *maternity nurse* who has become a skilled accoucheuse conveys to us the person whose work is the subject of this study. It seems an unnecessary handicap to make use of the word "midwife" at all. She is to be found with all varieties of social equipment—from one recently stricken from the roll in England because she was too ignorant to learn to read a clinical thermometer, to the Danish *jordemoder* who went to court balls while she was being educated in the State School for Midwives—her sister being a lady-in-waiting at court at the time.

In theory a high standard is universally set for her. Professor Couve-

* See Ministry of Health Publication, Physical and Medical Subjects, No. 15, 1923.

** This was not in England.

laire, of the Faculty of Medicine in Paris, Dr. J. S. Fairbairn, St. Thomas's, London, Professor Hauch of Copenhagen University, all agree that an educated woman is best for this work and that she requires knowledge of nursing and of social and public health methods as well as a very exacting training in the theory and practice of the care of the parturient woman. Florence Nightingale says:

Between midwifery and all other hospital nursing there is this distinction, viz., the operator is herself the nurse and the head operator or midwife ought to be a woman.

Status of the Midwife

At its best the life of a person, whether man or woman, doctor or midwife, who attends labor cases, is a very exacting one. At its worst, it becomes so difficult that the superior type of woman described above cannot continue in it. The chief obstacle to establishing such an order of obstetrical assistants in England lies in the economic and social position they occupy. When we remember that it is only 20 years since the Act was passed, and that there are over 50,000 midwives on the roll, of whom only 16,000 have notified their intention to practice, the economic difficulties become evident. Salaries have been, and still are, pitifully low. Social standing in the community may be measured by the fact that it is unusual for one who can afford a doctor to employ a midwife in England, even though it is theoretically conceded that a midwife is better at normal births than is a doctor. The psychology of having a woman who is trained to wait patiently, to let things take their course without interference, to sustain the mother with the sense of that unhurried normal outcome goes far to produce the desired result, just as a good nurse does something in the care of a patient with pneumonia that a doctor cannot do. Public opinion on this point has still to be formed in England.

One often hears English people say that ideally, a doctor and a midwife ought to be engaged for every mother. The midwife will then call the doctor

if she needs him or the patient wants him.

Work of the Queen's Institute

In order to understand the work of the nurse-midwife in rural counties of England, it is necessary to describe briefly the organization of the Queen's Institute.

District nursing in England is administered through a central national organization having headquarters in London, and known as Queen Victoria's Jubilee Institute for Nurses. Endowed by the Queen and others, there is an annual income of about 5,000 pounds, while the difference between that and the annual expenditure of about 16,000 pounds is made up from patients' fees, voluntary subscriptions and the like. The work of the Queen's Institute falls into three divisions—training, inspection, and organization of district nurses. Fully-trained hospital nurses are taught to be district nurses, and many of these are also taught midwifery. The district training covers a period of six months, and is given in one of eighty-three affiliated "Homes" of the Institute. On satisfactory completion of training the nurse is enrolled as a Queen's Nurse and goes to work under a nursing association affiliated with the Queen's Institute. Systematic inspection of district nurses is an essential factor of the work of the Queen's Institute—it is carried out by inspectors from among the Queen's Nurses. Reports of these inspections are submitted to the Committee of the Queen's Institute and the result communicated to the nursing associations, which raise money for local activities and function as does a visiting nurse association in the United States.

In many country districts there is neither work nor money to justify the engagement of a Queen's Nurse, yet there is a great want of care for ordinary ailments and chronic cases and above all, there is a great lack of midwives and maternity nurses. A special class of nurses, called village nurse-midwives, who have not had full hospital training, but have had training in district nursing and midwifery, is pro-

vided for these areas. County nursing associations in affiliation with the Queen's Institute train and supervise these nurses and organize and affiliate local nursing associations.

In addition to securing a high standard of training and work, the Queen's Institute acts as an advisory and executive center for the nursing associations in the general organization of the work, in negotiations with government departments, and for national schemes, such as the arrangements with approved societies for payment for the nursing of their members.*

The Midwives Act of 1902 found already organized in the Queen Victoria Jubilee Institute for Nurses a vehicle for its efficient enforcement throughout the country. Not infrequently one hears regret expressed that the Queen's Institute has never been made the official instrument of the Act. Such a procedure would seem to have certain advantages, although one can also see that a voluntary organization such as this is in some respects better as an auxiliary to the local supervising health authority. However that may be, the results obtained by the Queen's Nurses and village nurse-midwives leave very little to be desired.

The English Midwife

Who are the midwives of England? What has been their educational and social background? How and where have they received their technical training? Is there provision for post-graduate work so that, as time goes on, they will not fall into careless ways of working? Is their economic status

such as to enable them to earn and save enough so that they may spend the best years of their working life in their calling?

The English midwives are not all alike. There are still some of the "bona fide" midwives who were practicing when the Midwives Act went into effect in 1902. They had little education and, inevitably, they have been and still are the most difficult problem of the Central Midwives Board. Then there are graduate nurses who take their Central Midwives Board examination in order that they may complete their preparation for nursing but without intending to practice midwifery. There are also

Nurse-midwives in practice.

Non-nurse midwives trained after the Act.

There is no one central midwife school as in Denmark, nor is it made financially possible, as in Denmark, for every English midwife to return in order to take a post-graduate course. There is no system of pensions for English midwives.

The Central Midwives Board must approve every training center for midwife instruction, and these are connected with hospitals and out-patient services in many centers throughout England. In 1925 the required time for the training of a midwife (not a nurse) was extended from six to twelve months and for a nurse from four to six months.

The following report is given in full inasmuch as it covers widely-separated areas and all varieties of urban and rural living conditions in England and Wales:

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES*

Report of the Work of Certified Midwives under the supervision of the Q.V.J.I. for the year 1923

45 Inspectors and Superintendents in England and Wales have furnished reports from:

373 Queen's Nurse-Midwives (an increase of 155 on 1920, the date of the previous report).

2,164 Village Nurse-Midwives (an increase of 224 on 1920).

78,072 cases were attended as midwife or maternity nurse (an increase of 4,261 on 1920).

Attended as midwives, 54,554 cases (an increase of 5,474).

* Taken from the Queen Victoria's Jubilee Institute for Nurses Thirty-second Annual Report, 1923.

Maternal Deaths

81 including deaths from all causes: 14 per cent or 1.4 per thousand (1920, 1.8 per thousand).

Causes of Maternal Deaths

- 15 Hemorrhage.
- 10 Sepsis.
- 10 Embolism
- 10 Placental difficulties.
- 4 Complications.
- 24 Complicated with other diseases. (Full details given in uncondensed report).
- 8 Eclampsia.

Infant Deaths

750 or 1.37 per cent (1920, 1.10 per cent).

Stillbirths

1,678 or 3.3 per cent (1920, 2.6 per cent).

Ophthalmia Neonatorum

3 per 1,000.

Medical aid was sought in 18 per cent of the cases (1920 in 16 per cent); this is very high but it is doubtless owing to the payment of the doctor's fee out of the rates. Forceps were applied in 22 per cent of the cases in which the midwife sent for medical aid.

This report seems to show that, granted time and money to extend this care to all parts of the country, the maternal mortality of England could

be reduced to one and a fraction per 1,000 births, as has been done in Denmark through the midwifery practice there.

(To be concluded.)

The program committee for the Ninth Annual Meeting of The American Dietetic Association had a hard task to present a selection of papers which would attract the interest of the varied groups assembled at Atlantic City on October 11-13. That they succeeded brilliantly was apparent, however. Of particular moment, because of the freshness of the material handled, were the papers read by Dr. George Walker of Baltimore and Dr. Russell Bunting, Professor of Dental Histology and Pathology at the University of Michigan.

Dr. Walker, in "A Study of the Food in Certain Public Institutions," made a survey of institutions for both feeble-minded and insane children, in forty-one states, and found that in practically every state they were inadequately fed. Appropriations were often too small to cover institutional needs and economies were made in food. The facts are not only discouraging but alarming. The nurse's immediate interest in this situation is apparent. She is in a position to do much to help correct the condition and also to educate the public.

While Dr. Bunting, discussing Diet and Teeth, like all true scientists is unwilling to make any final statements, his experiments certainly indicate that caries of the teeth is due to the contact of sugar and the acidophilus bacilli on the teeth. As Dr. Bunting expressed it, "the door is not yet open, but surely there is the first crack, and we are about to understand for the first time something about the cause of caries." Only those in daily contact with children, who see the far-reaching ill effects of tooth decay can appreciate the significance of Dr. Bunting's work. The results of his research are of great importance to the public health nurse.

—MARGARET SAWYER

An "Interim Conference" of the International Council of Nurses to be held between the Congress in Helsingfors, Finland, 1925, and the Congress in Peking, China, 1929, will take place in Geneva at the Headquarters of the Council, July 27 to 30, 1927.

The main topic in the program of the Conference will be "Principles and Methods of Practical Nursing." This will be taken up from a number of different points of view, and one afternoon will be given to demonstrations of various nursing procedures. A parade of nurses in uniforms of the various countries will probably be arranged—as suitable uniforms and equipment must be considered as one of the essentials for efficient work.

The International Red Cross Committee will hold its Biennial Conference at the same time, and will give demonstrations in First Aid and Sanitation Service.

Details as to the program of the Conference will be published later. It is hoped that a large number of nurses from various countries will participate.

In addition to the interesting features of the "Interim Conference" beautiful Geneva offers many attractions to the traveler. The Council headquarters, in the old part of the city, overlooks the beautiful Lake Lemman, the picturesque Place du Lac and the 13th Century Molard Tower.

CHRISTMASES WEST, SOU'WEST AND EAST

Late enough in December for Christmas to be in everyone's mind a nurse in Houston, Texas, received a telephone message from a social worker at the hospital. "We have a case to report to you," said the worker. "The name is Roland. The family consists of father, mother, and eight children. They are cotton pickers. The children are in need of nutrition treatment and the mother of an operation. She has been admitted to the hospital, but refused to take anaesthetic. Please make an effort to persuade her to return and the other members to continue their treatment. The directions for getting to them are—go out West Main Avenue, pass the twine mill on the left, cross the track, and go out Shadda road. About ten miles out you will pass the saw mill on the right, go eight miles farther to the last rifle range (formerly used as practice field for world war soldiers), turn off to a sandy road on the left, cross the track, follow the road through the woods, cross the large wooden bridge, follow the road and open the first gate leading to a large cotton field. You will see three wooden shacks. The Rolands live in the second wooden shack."

She found her family in the "second shack." The second shack consisted of two small rooms and a lean-to. The mother and her eight children were crowded about the small open fireplace. One could see through the large cracks in the walls. The mother was friendly and offered the nurse the one chair in the room, but she would not consent to return to the hospital.

The nurse departed on the twenty-mile back trail. She considered all this merely in line of duty. It was far from occurring to her that the season

was to be of any significance. She made several other trips and finally coaxed the mother to consent to the operation. But about a week later when she visited the patient in the hospital she found her, though much better, worried about a Christmas for her children.

On the morning of the 24th an early visit to the Court House was scheduled for that nurse. There she picked up the basket and the presents that she had wrung from the County Relief department long after its lists were made up and full, tucked them away into the back of her car and started forth again.

She admits now that she was so glad to be playing Santa Claus that she actually forgot the condition the gumbo road was sure to be in after days of rain. When she finally stuck beyond all hope of extraction she was overhauled by an old truck apparently made for just that kind of going. A transfer was happily effected for it was the truck of father Roland. Baskets, shoes, clothes and Christmas-bearing nurse all made the shift and proceeded to the "second shack" in the "middle of the cotton field."

Something of her determination must have gotten into the family after that for she is now able to report that the children are healthier and the parents more prosperous. As they shift about the country picking cotton the nurse occasionally receives a letter similar to the following:

Dear Miss: I received your letter and sent the boxes a Monday. The roads are very good now you can come out here this week If you Wish.

MARY K. SMITH

Public Health Nurse, Houston, Texas

HOW THE GIRL RESERVES HELPED THE COUNTY NURSE

Driving by the County Poor Farm evenings, when the lights are lit and their curtains are still up, one sees an interior not particularly heartening. I asked the Y.W.C.A. Secretary if she

wouldn't like to take some of her girls out there to put up some Christmas greens and sing some carols. I thought we might be able to arrange a tree, too. She agreed and evidently

mentioned the idea to others. Children from one of the schools promised to collect the greens and one of my committee agreed to take them over to the farm. The Y.W. girls were delighted to help, and not only did all I had asked but made each of the eighteen inmates a cup cake and a cornucopia of candy and baked a big cake to be divided. One of the fathers and the county physician gave cigars, and a mother a box of oranges. A

club sent them half a dozen records for the victrola given them the Christmas before and one of the club members looked after taking the girls out to the farm.

Now these same girls have adopted the farm and its inmates. They are writing them letters and will make each old man and woman a valentine.

MARGARET DEVEREAUX
Jackson County Nurse, Oregon

THE WEEPING WIDOW OR THE YOUNG PHILANTHROPIST

The rôle of Lady Bountiful is as soothing to the souls of grown-ups as it is to those of more tender years and ready emotions. Probably every one has secretly cherished a desire to play it, but not many would be as frank as the members of the X Club of Providence, R. I., which was founded after a talk by the Director of the Visiting Nurse Association to a group of girls 14 to 17 years old. They planned to present a Christmas box to a family assigned them and expressed a firm and ardent desire to make the presentation themselves. Said the president:

"We should *all* like to go to see this family. We have read of clubs like ours providing a Christmas for a

family, and when all arrived with their boxes the poor widow sat down and wept. We should like to see the poor widow weep."

"Have you ever seen a poor widow weep?" asked the Director.

"But no," was the reply.

Then it was explained to the ardent group that it was in truth a sad thing to see a poor widow weep, that probably the poor widow in question *would* weep, but that as a rule, poor widows did not like to have an audience when they wept.

The Club saw the point, and the day before Christmas sent a bountiful box of necessities and toys to be delivered more impersonally by the V.N.A.



This illustration and the ones on pages 621 and 662 are from a series of Christmas pictures by the English artist Eric Gill, collected by Mr. S. C. Nott of The Chaucer Head, New York. We have been given the privilege of reproducing them by *The Commonwealth*.

FOURTH ENGLISH-SPEAKING CONFERENCE ON MATERNITY AND CHILD WELFARE

BY EDITH H. SMITH, A.B., R.N.

Division of Nursing, League of Red Cross Societies, Paris

THE Fourth English-Speaking Conference on Maternity and Child Welfare met in London on July 5, with approximately 1,200 people—doctors, professors, nurses, health visitors, midwives, medical officers, and voluntary workers—present. Over 700 delegates had been appointed to attend this conference, 24 governments had official representatives, and three other countries sent delegates of voluntary child welfare societies. From Cyprus and British Guiana, from Newfoundland, Palestine, India and the Gold Coast, from America and Australia, came abundant testimony of interest in the problem of the mother and her child and throughout the four days of the conference this interest did not waver.

It is difficult to say where in consideration of the question the greatest emphasis was placed. The toddler and public responsibility for his welfare, unity and coördination of effort in welfare work, tuberculosis and its relation to infant mortality, the prevention of congenital syphilis, work for cripples, artificial sunlight, methods of propaganda and the question of the Churches and the Child were subjects accorded careful scrutiny. It is interesting to note that no matter what was the subject uppermost, all led eventually to the importance of immediate concentrated effort toward better housing conditions. This was emphasized time and again as the present great problem—to be solved before the effective functioning of any health measures can be obtained. There was a surprising lack of discussion of mental hygiene or habit clinics, and the session on publicity showed that there was great progress yet to be made along these lines.

The President, in an opening address, explained the functioning of the

Ministry of Health and emphasized the need for the closest coöperation between the Health Administration and local authorities. He summarized with a plea for more ante-natal supervision at maternity centers, an increase in the hospital beds available for maternity cases and the education of the public in the needs for an improvement in the infant mortality rate.

Perhaps the two subjects discussed that interested me most and about which we are least well informed in America were Fathercraft and Midwifery in the Homes of the People.

Fathercraft

Fathercraft, as is called the effort to interest and instruct the father in the importance of maternity and child welfare and in his own responsibility for the child in the pre-natal stage, is spreading rapidly in England and being encouraged by doctors and health workers as one of the most potent factors in the child welfare movement. It has developed that many mothers, questioned as to their non-attendance at clinics, their refusal of dental treatment and avoidance of welfare centers give as their reason the opposition of their husbands. In an effort to solve this problem, one doctor invited a number of the objecting fathers to meet him in the health center and gave them a simple, illuminating talk on the importance of skilled ante-natal supervision. The next evening these fathers brought others, and the meetings grew in size and interest. The men's trained eyes saw the needs of the health center; they set about painting and repairing it, making equipment in their spare hours. Finally an entertainment was arranged to help discharge the center debt. A club was then formed with the following objects:

To bring home to fathers the responsibility which rests upon them in giving the child a proper start in life.

To advance the interests of the center.

To raise funds for the center by means of entertainments.

Members pay an annual subscription of one shilling, and at monthly meetings the doctor or a health worker gives a talk on some subject of hygiene, such as the prevention of rickets, summer diarrhoea, vaccination, cancer, etc. Frequently the fathers themselves prepare lecturettes. The routine of an "ideal Father's Evening," which one doctor advises after considerable experience is as follows:

Half-an-hour's talk to the fathers.

Half-an-hour for asking general questions on the subject of the talk.

Interval for tea and coffee.

Practical carpentry, at which a skilled carpenter should, if possible, be present, to demonstrate the making of baby furniture cheaply.

A chance for each father to consult the doctor privately concerning his own child.

The club members, moreover, have taken upon themselves the responsibility for the cleanliness of the town. With their own publicity man to prepare articles for the local press, great is their pride in the notices their efforts are receiving. Their public health knowledge is growing rapidly. There is scarcely a health exhibit that does not have its "father's booth" with its home made equipment on view. The men are now so convinced of the value of the health center and of maternity and child welfare work that they have turned propagandist, offering their services and experience to any groups wishing to form similar clubs.

Midwifery

Midwifery in the Homes of the People was dealt with from several points of view, that of the midwife, the consulting doctor and the public health nurse. Two features of this meeting were tremendously impressive—the intelligent, efficient, serious women who have adopted this profession, their pride in their work and their desire to do effective ante-natal work, and on the part of the doctors an appreciation of their services and an

evident willingness to coöperate with them. One physician stated that doctors and ante-natal clinics must recognize the status of a midwife and send her all their findings and reports, urging her to attend the clinics with her patient. Another went so far as to say that he hoped the time would come when the midwife would care for all normal deliveries, and the general practitioner or specialist be called only in complicated and difficult cases.

With ante-natal and post-natal clinics increasing in number, nursing associations springing up everywhere, difficult cases reported sooner and more hospital accommodations provided for their care, an improvement in provisions for maternity care was to be seen on every hand.

An interesting account of the work of the Plunket Society of New Zealand was given. So thorough is the infant care of this society that a mother traveling with a baby whom she does not breast feed, is met at the stations at regular intervals by a Plunket nurse bringing the child's formula in a bottle and heated to just the temperature for immediate use.

Another speaker mentioned an overnight home for well babies. Here parents can for a very small sum find a safe home in which to leave the infant for the night. Similarly, a week-end well babies' home gives couples an opportunity for change and refreshment together with assurance that their baby is being carefully tended.

Care of the Toddler

Dame Janet Campbell, Senior Medical Officer for Maternity and Child Welfare, Ministry of Health, discussed the health of children from one to five and emphasized the need of bridging the gap between the infant welfare centers and the school nurse. She suggested more effective health visiting, better education of the mother in mental as well as physical hygiene, provision for a doctor's supervision three or four times a year at health centers and an extension of the service of the school medical clinics to include

treatment of the preschool child when necessary.

Mention was made by another speaker of the types of activities existing in the United States, those particularly interesting to the audience being the various clinics developing in the health centers, *i.e.*, habit, posture, nutrition, and heliotherapy clinics.

In discussing how far public effort is called for in relation to the well-being of children from one to five, Dr. Mary R. Lakeman, of the Massachusetts Department of Health, U. S. A., thought that it is a generally accepted policy that the municipality should do for its citizens what the individual cannot do for himself, but that it is frequently necessary for private enterprise to carry on a demonstration through its experimental stage. Speaking of nursery schools she said that these are as yet on an experimental basis, and exist in but few cities, and it is a mooted question whether they should be absorbed into the school system or remain a private enterprise. Certain principles, however, have taken a strong hold on the imagination of educators.

That the child is a unit.

That health habit formation is an essential factor in child training.

That the nursery school is equipped to

give instruction in child training to parents and adult students.

That the nursery school furnishes an excellent field for research.

Team Work

Unity of effort was the subject of several constructive discussions. Greater achievement in child welfare work is possible in many areas without any additional expenditure through more intelligent development of existing machinery and fuller coördination of existing endeavor. With tuberculosis preventable, rickets preventable, infant paralysis coming within the realm of preventive medicine, the fact that these diseases still exist to an enormous extent proves that there is a leakage somewhere. It is to be found in incomplete infant welfare work, in incomplete medical service, in inadequate hospital organization, in absence of good after-care and follow-up work, in gaps between the infant welfare work and the school medical service, in failures to educate the mother and the teacher to give full assistance to the medical service or the voluntary agencies.

It was an exceptionally well-planned and comprehensive program. Doctors, nurses, delegates from afar, all spoke with appreciation of the benefit, both scientific and inspirational, that they had derived from the conference.

At the annual Christmas party of a certain Home in Edinburgh, nearly fifty old women enjoyed the treat as much as the three hundred bairns. One old patient of ninety-one gives the following version of the party, her first one:

When I saw the braw place and all the happy, smiling faces of the nurses, I thought how nice it would be to live in a nurses' home always. I never saw such a lot of happy faces before, and I feel sure the nurses must all belong to God. The Christmas tree lookit grand with all the lights, toys and dolls, and all the bairns had such happy wee faces. I wore the silk jumper I had frae the Home—aye, and I didn't wear silk even when I was marrit. We had a grand tea, and got a present each. I never had a present before in my life, and to think a cab was sent for me and brought me back to my ane door. Auld folk are weel lookit after nooadays.

—*English Nursing Journal*

Come thou dear Prince, oh come to us this Holy Christmas-time. Come to the busy marts of earth, the quiet homes, the noisy streets, the humble lanes, come to us all and with thy Love touch every human heart that we may know that Love and with its blessed peace bear charity to all mankind.

—*Eugene Field*

MEETINGS OF THE PUBLIC HEALTH NURSING SECTION OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

The first meeting of the section was devoted to a discussion of Advisory Committees on Nursing in Relation to Public Health Nursing Projects in Official Agencies. The discussion was led by Miss Cora M. Templeton, Director of Nursing, Department of Public Health and Welfare, Cleveland. Miss Templeton's paper pointed out the great value of a representative committee, as developed in Cleveland. The Nurses' Central Committee there not only passes on the eligibility of applicants for any public health work but on the applications of all young women desiring to train as nurses. The Committee also acts as a recruiting agent for training schools.

Dr. J. L. Blumenthal, Department of Health, New York City, agreed that such a committee was tremendously valuable, in fact indispensable, and that there was no doubt that the Commissioner of New York City had such a plan in mind. Mrs. George G. Hunter, President of the Michigan State Federation of Women's Clubs, brought out the necessity of a definite basis of coöperative action between the official agencies and those they serve in order to carry out well rounded programs. A carefully appointed advisory committee plan would undoubtedly bring about better understanding and greater efficiency. Mrs. Hunter said that in Michigan committees in each county were considered so important that the law passed by the legislature in 1925 providing for the employment of public health nurses by the Board of Supervisors, stipulates that the work of the public health nurse may be directed by a committee of five, appointed by the Board of Supervisors. All work is to be under the general supervision of the State Board of Health and the local Board.

Miss Eunice Dyke of the Toronto Health Department, brought out the

point that an advisory committee is necessary in coördinating the work when there is more than one organization in the field.

Miss Grace Ross, Director of Nursing, Detroit Department of Health, said that while the nursing department had been free from politics for eleven years and no nurse had so far been appointed who has not met the standards set by the N.O.P.H.N., nothing is certain in a political world; that at any moment changes might occur and that such a committee could undoubtedly avert the catastrophe that might happen with new conditions.

There was an amazingly unanimous feeling that advisory committees would safeguard the situation. The section voted to have a joint committee with the Health Officers Section to consider this question and report on it at the next meeting.

The second meeting of the section was devoted to the discussion of Nursing in Relation to the Three Plans Submitted for Municipal Health Department Practice, Dr. C.-E. A. Winslow, Dr. Walker and Professor Ira Hiscock explaining why they considered the number of nurses recommended in the plans adequate to the needs of the city of a hundred thousand, the city of fifty thousand and the county plan.*

Miss Eunice Dyke of Toronto gave an admirable discussion of the points raised by the previous speakers. The combination of bedside care with other types of public health work is not a question in Toronto, but she recorded as her belief that though the care of illness in the family is not necessarily essential in order to do good teaching, nevertheless she approved of a combined program.

Miss Grace Ross of Detroit said that in her opinion the combining of bedside care in a generalized program in

the average city of over a hundred thousand would have to be slow. Few staffs are so fortunate as Toronto in only accepting nurses who have had public health training. In the organization that must carry the training of the staff along with the nursing program, the possibility of having a staff completely trained for generalized work which includes bedside care, is very remote. Meanwhile in Detroit it has been found that for practical purposes, training the nurse by rotating her from one specialized service to the other is the best plan, resulting in a small number of nurses at least fully trained in the work of the entire Department. It must be recognized that although generalized work is desirable it is more costly because of the larger

educational program involved and the need for greater supervision. As the bedside work conflicts with other services such as school work,—especially when this is a platoon system, because of its more involved technique and because it is an emergency service,—over as soon as the patient can dispense with it,—Miss Ross was of the opinion that this should be the last service to be taken on by a Health Department in an attempt to combine all public health nursing service.

Mrs. Anne L. Hansen in an excellent paper discussed the Feasibility of a Generalized Program including Bedside Care in a city of 100,000.

GRACE ROSS,
Director of Nurses, Detroit Department of Health

BUSINESS MEETING

The business meeting of the Public Health Nursing Section of the American Public Health Association was held at a dinner session with thirty-seven members present. The chairman, Miss Sophie C. Nelson, briefly reviewed the work of the section, reporting an increase in membership of thirty-six members and eleven new Fellows and urged further enrollment. She reminded those present that only Fellows of the A.P.H.A. can hold office or serve as chairmen of committees. Nurses are eligible to Fellowship after two years' membership, if properly qualified. Therefore, it is very necessary to increase members in order to increase the Fellowship.

Miss Gertrude Hodgman, representing the Educational Committee, and Miss Alta E. Dines, representing the Eligibility Committee of the N.O.P.H.N., met with members of similar committees of the American Public Health Association. They will continue for the next year to represent the N.O.P.H.N. on committees of the American Public Health Association. Miss M. Brownell of the N.O.P.H.N. was appointed a member of the Subcommittee on Records of the Committee of Municipal Health Department Practice.

The Committee in charge of the report on Qualifications for Nursing Personnel completed their work. The report was accepted by the American Public Health Association, but the Nursing Section voted that this report be referred to the Governing Council of the American Public Health Association for ratification and to have it approved as a definite policy of the American Public Health Association.

The Committee to Study Annual Reports of Public Health Nursing Organizations submitted a report. It was voted that this report be published in the *Journal of the American Public Health Association* and in *THE PUBLIC HEALTH NURSE* for criticism and suggestions, and that the committee receive these suggestions and incorporate them into a final report, which would be submitted at the next meeting. The following officers were elected:

Chairman, Miss Mary Laird, Community Chest, Rochester, N. Y.

Vice-Chairman, Miss Anna Ewing, V.N.A., Newark, N. J.

Secretary, Miss Agnes J. Martin, Health Dept., Syracuse, N. Y.

Counsellors, Miss Sophie C. Nelson, Boston, Mass.; Mrs. Anne L. Hansen, Buffalo, N. Y.

Continuing in office: Miss Alta E. Dines, New York, Miss Elizabeth Fox, Washington.

THE TRUDEAU MEDAL AWARD

BY ELIZABETH COLE

Editor's Note: This is the month of the Christmas Seal Sale, with all it means in education and in funds for the various forms of work for prevention and eradication of tuberculosis which is going on in every state of our own country and throughout the whole world. This word from the National Tuberculosis Association about the Trudeau medal with its recognition of special achievements in efforts against our common enemy is a fitting December message.



In 1925 the National Tuberculosis Association voted to create a medal to perpetuate the memory of Dr. Edward Livingston Trudeau, who was the first man to stimulate tuberculosis research work in this country. In arranging for such a medal, the Association expected also to honor that research worker each year who should be considered most worthy of receiving it as an award. The creation of this medal was financed by funds secured by the managing director of the National Tuberculosis Association, Dr. Linsly R. Williams. When it was decided upon Dr. Williams and Dr. Charles J. Hatfield served as a special committee to select the artist, finally choosing Mr. Theodore Spicer-Simson, a well known Englishman and an artist of repute, whose work already includes an unusually fine series of medals of the living English authors, in which are those of Shaw, Wells, Bennett and Galsworthy. Beyond all doubt he has secured an excellent likeness of Dr. Trudeau. The face of the "beloved

physician" has been portrayed in bold relief and indicates well the thoughtful and serious mind working out intricate and worthy problems. The reverse of the medal symbolizes the tree of knowledge—the use of test tubes and animals in experimental work on tuberculosis.

At the twenty-second annual meeting held last October at Washington, D. C., the Trudeau Medal was given for the first time. It was awarded to Dr. Theobald Smith of Princeton, N. J., President of the National Tuberculosis Association, 1925-1926, for meritorious contributions to the cause, prevention and treatment of tuberculosis covering a period of many years. One of Dr. Smith's many important contributions to science was the discovery of the difference between the tubercle bacillus of bovine origin and that of human origin, made over twenty years ago.

Dr. Smith's laboratory work began in 1885, when he was appointed to the staff of the Bureau of Animal Industry

at Washington. After several years of indefatigable work he demonstrated conclusively that Texas fever, then so prevalent, was caused by small ticks. To-day cattle are dipped in order to exterminate the ticks and Texas fever is no longer a dreaded scourge.*

As director of the department of animal pathology at the Rockefeller Institute for Medical Research in New York since 1915, Dr. Smith has been an authority on the diseases of animals. For twenty years before that he was

director of the pathological laboratory of the Massachusetts State Board of Health and was also professor of comparative pathology at Harvard University.

It was pleasant and fitting that the medal should have been bestowed upon Dr. Theobald Smith at the time of the recent conference of the International Union Against Tuberculosis. He was President of the Conference as well as of the National Tuberculosis Association.

* A chapter in Paul de Kruif's *The Microbe Hunters* gives a dramatic account of Dr. Smith's long and patient labors in the little dusty fenced off Texas fields which served as his out of doors laboratory while searching for the cause of Texas fever. De Kruif says, "It was Theobald Smith who made mankind turn a corner. He was the first and remains the captain of American microbe hunters. . . . He showed men an entirely new and fantastic way disease may be carried—by an insect."



ANNIVERSARY CONFERENCE OF AMERICAN LIBRARY ASSOCIATION

Books must follow sciences and not sciences books.—Bacon.

Nurses who find books and libraries so vital a part of their work will be interested in the fiftieth Anniversary Conference of the American Library Association in Atlantic City, on October 6.

On October 6 two special trains carried the librarians from Atlantic City to Philadelphia to a special anniversary session in order that the event should take place in the city that gave birth to the Association on October 6, 1876.

The Assembly Hall of the Drexel Institute was filled to capacity when the speakers came down the aisle followed by the foreign delegates and overseas members from twenty-four countries.

The speakers who were among the founders of the Association and are still active and honored members, were Richard Rogers Bowker, editor of the *Library Journal* and the *Publishers Weekly*, and Melvil Dewey, originator of the Dewey Decimal Classification. Dr. Bowker gave the history of the American Library Association for the past fifty years and Dr. Dewey forecast the next half century.

MARY CASAMAJOR

POINTS IN RELATION TO TUBERCULOSIS

At the meeting of the National Tuberculosis Association in Washington, October 4 to 7, the following resolutions were passed:

Resolved, That this Conference is in Agreement Concerning the Following Points in Relation to Tuberculosis:

There is no specific cure for tuberculosis (like antitoxin for diphtheria).

This is no specific preventive for tuberculosis (like vaccination for smallpox).

Among the important factors in the cure of active tuberculosis are:

- a. Competent medical supervision.
- b. Complete rest under favorable conditions.
- c. Carefully balanced and adequate nourishment suited to the individual.
- d. Abundance of open air and, if possible, of sunshine.
- e. Relief from other infections, or other physical or mental strains and handicaps.

Among the chief factors in the prevention of tuberculosis are: finding existing cases of tuberculosis, and in each instance bringing the patient under treatment suited to his condition; teaching him how to avoid the infection of others; examining contacts, and securing suitable treatment of actual or potential cases of tuberculosis among them.

Another important factor is the searching out of those persons who by reason of their physical condition, their occupation, or for other reasons, are likely to be especially susceptible to tuberculosis infection, such as seriously underweight children, undernourished adults who are recovering from other diseases or are subject to excessive fatigue, and persons who have a healed tuberculous infection, and securing for each of them such advice, treatment, assistance and relief as will minimize the likelihood of the development of tuberculous disease on their part.

The general education of the people of every community as to the measures involved in the prevention of tuberculosis and as to the curability of tuberculosis in its earlier stages is of the utmost importance.

The hospitalization of advanced cases of

tuberculosis when home conditions are not readily subject to efficient management is an important means of care of the patient and of preventing the spread of infection.

The medical supervision and economic rehabilitation of patients discharged from sanatoria demands particular attention.

Tuberculosis is often associated with undernutrition and all steps leading to the discovery and proper treatment of undernourishment among children and adults contribute to the prevention of tuberculosis.

Medical students should receive adequate training in the diagnosis, treatment and prevention of tuberculosis; there should be made available for all physicians in general practice an opportunity for intensive study and observation in the diagnosis of tuberculosis; and there should also be made available in every community, as needed, the services of those already highly expert in the diagnosis and treatment of tuberculosis.

While it is impossible to measure the exact effect of the various steps taken by communities for the prevention of tuberculosis, such as more intensive medical provision for diagnosis and care, public health nursing in the homes of the tuberculous, sanatoria and hospitals, public health education concerning tuberculosis, the supervision of the health of industrial workers, and similar steps, there is no reason to doubt that these measures have played an important part in bringing about the reduction in tuberculosis mortality, which has occurred practically everywhere.

There is every reason to believe that by a continuance and a further intensification of the measures for the prevention of tuberculosis as now understood the present rate of decline of tuberculosis can be continued and increased.

We believe that the time has come to include in the tuberculosis program the attack upon certain associated community health problems, such as child welfare and cardiac disease, provided that the program for the application of existing knowledge in relation to the prevention of tuberculosis is well organized and fully maintained.

We believe that the deepening interest in the investigation of the causes, treatment and prevention of tuberculosis should be encouraged and developed.

Faith is the determination to stand or fall by the noblest hypothesis.

—Dean Inge

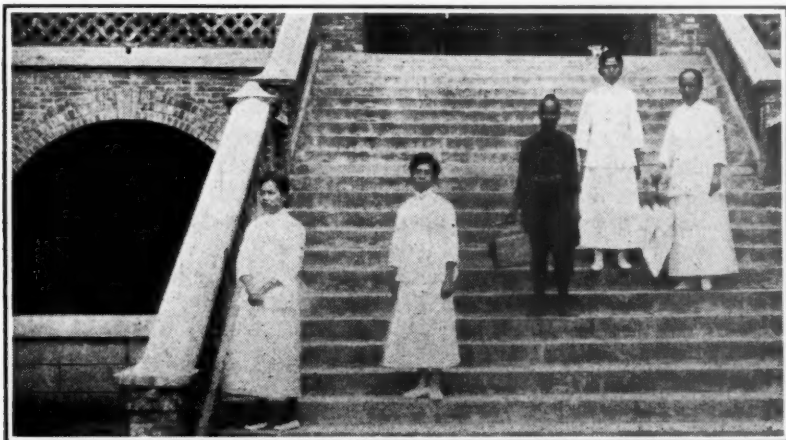
CHINA AND PUBLIC HEALTH

BY CORA E. SIMPSON

General Secretary, Nurses' Association of China

Public Health Nursing, under a variety of names and organizations can now be said to extend around the world. What public health nurses are doing for America, Queen's nurses are

sanitation, and a riot of uncared for contagious diseases. Under such conditions, who better than the public health nurse can help the country toward any true improvement? It is plain that



Chinese nurses starting out from their hospital for district work

doing for England, the Victorian Order of Nurses for Canada, Plunkett nurses for New Zealand, District and Bush nurses for Australia, Lady Dufferin nurses for India, and Red Cross nurses for Europe. And now may be added an impression of the work, under unique conditions, as it is carried on in China by the members of the Nurses' Association of China.

China presents one of the world's richest and rarest opportunities for public health nursing. In it is one-fourth of the world's population; in it are born one-third of the world's babies, and amid such conditions as bring about the deaths of 80 per cent before they reach their fifth year. In China, public health—a concept existing in the minds of the foreign or foreign-trained workers only—is menaced by an army of foes, by ignorance, superstition, ignorant midwives, quack doctors, a lack of home or city

China presents a unique problem and that the root of this problem lies largely in the nurse's field.

To forecast the possibility of meeting this opportunity it can be estimated that the Chinese public health nurses, if properly trained and unhampered, can bring about a wonderful change for their people within a few years. The training they will require includes knowledge of the broadest sort—public health nursing in all its branches, child hygiene, midwifery, dietetics, house-keeping, medical and social service in connection with hospitals and dispensaries, care of defective and wayward children, city sanitation, housing, health campaigning, health evangelism and health education. Above all there must be taught the need of a great love and with it understanding of the people to be served. With such an equipment, however, nurses in China can help not inconsiderably toward moulding it into

a land of better customs and humanity.

As to the accomplishment of the nurses already there, they are far from being negligible. In the last ten years they have trained over a thousand graduate nurses, entered nearly two thousand students in one hundred and twelve registered nursing schools—revolutionizing the care of the sick in hospitals—given China a nursing literature, established the best training in midwifery and have built up a strong National Organization. The birthday of Florence Nightingale has been adopted as National Hospital Day. By the simple observance of this day the knowledge of nursing and public health is being diffused throughout China.

There have been nurses demonstrating Bath Days for Babies, nurses with Mr. Ning's wonderful travelling

Health Cart. There have been nurses at floods and midnight fires, nurses in the soldiers' camps teaching the text of "swat the fly," nurses in factories and cholera stricken spots, nurses among the fisher folk and the little river boats and the frozen typhus camps of Siberia, nurses in the far mountain regions and in many other places with an enormous variety of duties calling for skill, resolution and devotion.

By the time the International Council of Nurses meets in China in 1929 there will be still more. One of the gifts of the Nurses' Association of China to China will be, we hope, a group of well trained health workers developing if possible within the next ten years, nursing work that will mean for China all that it means in other lands.

What may we look for at the International meeting in Peking? Besides the nursing program now being worked out, there will be such colorful, exhilarating events as Chinese drama and music, a Chinese banquet—not those emasculated affairs we know in America but with true Chinese accessories and ceremonial—a reception at the President's palace. Other events of equal interest are not yet permitted to be disclosed.

As to cost, the entire trip, we believe, can be made for about one thousand dollars. Those who wish to travel *first class* will plan for more than this amount. Tentative tours for the trip have been worked out by Mr. R. S. Elworthy, General Passenger Agent of the Canadian Pacific at the Chicago office, who will give more detailed information later. Two tentative itineraries are given below.

Itinerary No. 1. Time, about 45 days. Approximate cost, \$700.

Canadian Pacific steamer to Yokohama.

Visit Tokyo, Kyoto, etc., by rail through Japan.

Boat to Fusan.

Rail to Seoul, Mukden, Tientsin, and Peking.

Congress.

After Congress, sightseeing in Peking, including visit to the Great Wall.

Rail to Hankow. Steamer to Nanking. Rail to Shanghai.

Steamer for home. Visit chief points of interest in all places.

Itinerary No. 2. Time, about two months. Approximate cost, \$800.

Steamer to Hongkong (only stopping at ports of call).

Hongkong City, sightseeing.

Manila, visit cathedrals, Forts Santiago and McKinley, etc.

Hongkong, motor trip around island, Aberdeen and Repulse Bay.

Visit Canton, trip by steamer or rail.

Shanghai, sightseeing.

Nanking and Hankow by steamer. Sights of interest.

Hankow, rail to Peking.

Congress.

After Congress, sightseeing in Peking, including trip to Great Wall.

Rail to Tientsin, Mukden, Seoul.

Boat to Fusan.

Rail to Kyoto, Tokyo, Yokohama.

Steamer for home.

Further announcements will appear in the *American Journal of Nursing* and in THE PUBLIC HEALTH NURSE.

NATIONAL SAFETY CONGRESS

The fifteenth annual meeting of the National Safety Council, held in Detroit, October 25-29, was given over almost entirely to the subject of prevention, prevention both of accidents and illness. Dr. Wendell C. Phillips, President of the American Medical Association, opened the first meeting of the Health Service Section, speaking on the topic, The Gospel of Good Health. He emphasized the problem of prevention from the viewpoint of the attending physician, whose duties should be, he stated, to keep individual families well.

The meetings of the section were excellently attended and it was evident throughout that the employers of large groups of workers are beginning to realize the necessity of periodic examinations for their employees. Some of the larger factories, it was brought out, are having health and hygiene lectures given to their workers by their medical and nursing staffs. Throughout the meeting it was demonstrated repeatedly that positive health is becoming an important ideal with large industrial concerns.

Another session of interest was the one on home safety, conducted by the Public Safety Division. At this session it was brought out that there are almost as many home accidents (20,000) annually as there are street and highway accidents (24,000). Speakers at the meeting stressed the need for the public health nurse to educate the public to avoid accidents as well as to avoid disease.

The Council is fostering an interesting project in safety education for social workers and public health nurses in the form of a course of six lectures on the following subjects:

Social Aspects of the Home.

Home Equipment.

Good Housekeeping.

Protecting the Child (preschool aged child).

Fire Prevention.

When Accidents Occur (First Aid Instruction).

The general character of health and safety programs to-day was pointed out during the entire meeting. That they are no longer a matter of importance to the medical and nursing profession alone was emphasized and that the business and industrial fields are beginning to share the responsibility was encouragingly evident.

GENEVA HOILLEN

Assistant Superintendent, Detroit Visiting Nurse Association

SPECIAL SCHOOL SAFETY SESSION

The School Safety Session was held on October 29. The safety work of the public schools of St. Paul, Minnesota, was presented through a moving picture and lecture. The most interesting feature of this was the demonstration of the school police system which has been in effect in that city since 1920 and has brought about an appreciable decrease in traffic accidents among school children. School policemen are elected by their school fellows, stationed at dangerous street intersections and authorized to give help to children. The city council has coöperated with the school authorities in this project by providing for the punishment of any person driving a vehicle through a formation of children marching to or from school.

Demonstrations and plays were also presented by the Detroit schools. A kindergarten teacher showed a dramatization of safety principles through the use of word cards pertaining to traffic, and a student organization, the True American Civic League, held its weekly meeting on the stage before the delegates, devoting its attention to problems of safety. Three playlets written by school children on themes of safety were presented under the direction of Mr. Whitney, Assistant Chairman of the Education Division of the Safety Council.

Miss Doris Greenwood of the Massachusetts Safety Council, Boston, described the work being done in that city. In Boston schools fifteen minutes a day is devoted to safety instruction. An interest-catching device employed for its effect on the children is the broadcasting each week of the names of the five schools standing highest in safety work with awards for each in the form of banners. Boston also maintains the school police system, and has its officers instructed by the municipal traffic squad. Coöperation between Safety Council, teachers, police, children and citizens will do much, Miss Greenwood said, to bring about the success of the safety program.

GLADYS F. MOREHOUSE

Supervisor of School Nurses, Detroit Department of Health

ACTIVITIES of the NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Edited by JANE C. ALLEN

The Statistical Department is planning to make a study of Nursing Fees under Public Health Nursing Organizations which will include fees not only for general services but also for delivery services, hourly nursing and other special nursing services, in order to have definite information available. This study was approved by the Executive Committee at its meeting in September.

Preschool Nursing is the subject of another study. Questionnaires will be sent to 125 unofficial and 125 official agencies employing more than one nurse, also to a selected group of agencies employing one nurse, thus insuring representative work from different types of agencies employing various numbers of nurses.

The N.O.P.H.N. appreciates the excellent coöperation which the public health nursing organizations receiving questionnaires from the Statistical Department have generously given. These statistical studies made from time to time are enriching our knowledge of existing conditions in public health nursing and are making available a fund of information which is being increasingly asked for and put to valuable use. The questionnaires on Nursing Fees and Preschool Nursing will, it is hoped, make information on these two important phases of public health nursing available within a few months.

The Executive Section of the Publications Committee held its first meeting on November 16. The main topics discussed were:

Plans for stimulation of subscriptions received the major attention. Several members of the larger committee unable to attend the meeting of the Executive Section sent in helpful suggestions. A campaign for subscriptions was outlined for 1927.

The projected Board Members Forum in the magazine. The Lay Section Committee in the N.O.P.H.N., which will hold its first meeting early in December, will be asked to give assistance in outlining plans for the conduct of this new department in the magazine.

Material for the magazine for 1927. The editor presented an outline of the series which will carry on through the year, and suggestions as to interesting topics which it might be well to consider for presentation in the magazine were made by the committee.

The proposed plans for the amalgamation of the Vocational Services of the National Organization for Public Health Nursing and the American Association for Social Workers have progressed so favorably that January first is now assured as the date for the amalgamation to go into effect. The new organization will be known as the Vocational Service for Social Workers and Public Health Nurses. Miss Lillian Quinn, former Vocational Director of the A.A.S.W., will be the Director. Miss Anna Tittman will be the Vocational Secretary on the staff in charge of the placement of public health nurses.

As in the past when the work was directly administered by the N.O.P.H.N. public health nurses and organizations wishing vocational assistance will be given the same careful attention. The N.O.P.H.N. will continue to participate actively through representation on the Board of Directors and the Executive and Advisory Committees of the organization, and also by financial subsidy.

The N.O.P.H.N. representatives on the new board are Mrs. Lewis Thompson, Miss Elnora Thomson, Mrs. Elsbeth Vaughan, Miss Alta E. Dines, Miss Mary S. Gardner, Miss Grace Anderson.

The last three are also members of the Executive Committee. Miss Anderson has been designated Chairman of an advisory committee which she is empowered to select and which will give to Miss Tittman advisory service.

RED CROSS PUBLIC HEALTH NURSING

EDITED BY ELIZABETH G. FOX

Departing from its usual procedure the Red Cross organized its annual Convention this year around round tables and plenary sessions, cutting general sessions to one held the first evening. The result was a working convention, or as one delegate put it, "We got down to brass tacks."

President Coolidge as President of the American Red Cross addressed the Convention at the general session held in Continental Memorial Hall, calling the attention of the distinguished company present and of hundreds of others listening over the radio to the need for such an organization as the Red Cross through which to make effective nationally "a sympathetic disposition and a desire to be helpful." In commenting upon the Pan American Red Cross Conference held last spring in Washington, Dr. L. S. Rowe, Director of the Pan American Union, said it "marked a distinct step forward in the great movement for Pan American coöperation whose far-reaching significance and influence were not fully appreciated in the United States. One of the important results of that conference has been to modify the feeling so prevalent in many sections of the American continent that this nation of ours is an essentially selfish nation, pursuing purely selfish and material ends."

Miss Grace Abbott, Chief of the Children's Bureau, brought the audience back from international influences and national disaster relief work to an appreciation of the daily work of Red Cross Chapters, saying:

I think not of this disaster relief, grateful as I am to the Red Cross for doing it, but of the day by day work that the Red Cross is doing out in the counties all over the United States, taking care of those disasters that are chronic in our country and will be until we have changed and modified our social life a great deal, taking care of the people for whom life seems one disaster

after another, unless someone goes to relieve or guide them and change the situation; taking care, on the frontiers of American life, because those frontiers do exist, of the education of all kinds of American communities in the right standards of health, in right standards of work, in right standards of social endeavor, and in right standards of all things pertaining to community life, understanding what we intend to do in American communities for American people and particularly for American children. This does not have the spectacular character of disaster relief. It is the more trying on that account. It is the least easily assessable as to its value on that account. But, in spite of all, they go out into the rural area, the nurse and the social worker, day after day and year after year, doing that fundamental educational work for which, alas, we are still in great need, and we cannot be too grateful for it. . . .

So, I think when I get into bed at night, very tired with some of the kind of things that happen in Washington, I think of those persons, especially of the Red Cross nurses, who do not have any of the enthusiasm from the crowds one gets in these disasters, but who are out along the frontier in America actually doing the job for the mothers and the babies, going long distances at great inconvenience and at great personal sacrifice day after day. They are the kind of heroes that should be more recognized than they have been recognized, and I think all of us should get out and get in actual touch with the kind of enthusiasm that they have. The kind of helpfulness and support they bring into the job under this daily grind of difficulties, month in and month out, is one which is certainly encouraging to me.

Sweeping the house with a gale of laughter Miss Abbott envisaged the descent of the various government departments yearly upon Congress in pursuit of appropriations as a traffic jam of Departmental vehicles.

Looking out upon the traffic jam of gun carriages from the Army and Navy, tractors from the Agricultural Department, limousines from the Department of Commerce and other large and impressive vehicles from other departments, all heading toward Congress, though it looked unpleasant I took a firm grip on the handles of the Children's Bureau baby carriage and wheeled it right into the traffic jam.

The National Chamber of Commerce generously offered the use of its commodious and handsome home for all working sessions. The charm of an old world atmosphere was lent to meetings otherwise brisk and practical by the Spanish patio open above to the blue sky with a fountain playing in the center into which the stately assembly hall opened through many doors.

One of the resolutions growing out of round table discussions will be of interest to our readers:

That the Convention recommends to the Central Committee that the transfer of a demonstrated public health nursing service should be limited to tax-supported agencies.

The need for this resolution grew out of the wording of a policy adopted by the Central Committee in 1922 as follows: "Chapters should urge the assumption of responsibility for the conduct of such special services (public health nursing) by the community as soon as wise and practicable." Many Chapters in obedience to this policy had felt obliged after conducting a substantial demonstration of public health nursing to create a new local agency for its perpetuation, the local authorities being unwilling or not in a position to take over the service. The Convention agreed that the word "community" should be construed to mean local authorities, there being no good reason why another

voluntary group should be created to take the place of the Chapter and every reason why the Chapter should make its experience and enthusiasm count in strengthening and expanding the Service.

Japanese Gift for Florida Relief

Discussion of problems growing out of the Florida disaster held a prominent place and reached a dramatic climax at the last session on receipt of a check for ten thousand yen from the Japanese Red Cross. A few days earlier the Japanese Red Cross had cabled asking our approval of a popular collection of contributions in Japan for Florida sufferers. We replied expressing our appreciation of the sympathy and generosity of the Japanese people but saying that the American Red Cross could meet the situation. Not content the Japanese Red Cross insisted upon sending this gift of ten thousand yen from its own treasury. Since then Ambassador Matsudaira has presented the American Red Cross with an additional 86,300 yen (approximately \$43,000) to be added to the Florida relief fund. This contribution from the Japanese people in all walks of life included offerings of many who suffered losses in the Japanese earthquake of 1923. By such acts as these is friendship between the peoples of the world cemented.

CHRISTMAS IN THE VIRGIN ISLANDS

There is a queer sort of Christmas in this place. Except for the schools being open it seems like Fourth of July with the weather almost hot, with fireworks going. There is something of a holiday rush, however, in the schools, in getting boxes for the children unpacked and presents around to them on the last day.

The natives celebrate Christmas in their own peculiar fashion. They start Christmas eve with a band, marching through the streets followed by a group of children and adults singing and dancing. As they proceed the band is joined by many local musicians playing as many tunes as there are men, using banjos, mandolins and whatnot, and always the local musical instrument called the scratchy-scratchy, each followed by a group of cheering friends. This they keep up until 6 A.M. when—wonderful enough—there are carol singers giving a program in the park.

Flowers are gorgeous. Yellow cedar covers the hills out through the country. There are quantities of hibiscus, coralita, roses, and many beautiful ferns.

—Letter from Helen Dunn

POLICIES AND PROBLEMS OF PUBLIC HEALTH NURSING SERVICES

LIVING QUARTERS FOR STAFF NURSES

Questions sometimes come up as to the advisability of having or continuing to maintain a house or living quarters for the nurses on the staff of an organization. Knowledge of the experience of other organizations in regard to maintenance of houses for staff nurses would help in meeting the situation. In the fall of 1925 a questionnaire was sent to a number of organizations asking their experience in maintaining houses for their staff nurses. Replies were received from 19 organizations, 9 of which had at one time maintained a house or living quarters for staff nurses, but no longer do so.

Twelve of the organizations replying are in cities of more than 40,000 population; 3 in cities of less than 10,000 population, and the remaining 4 organizations are in rural communities. The number of nurses employed by the organizations are as follows:

Number of nurses employed	Number of organizations
1	3
2-4	4
5-9	2
10-19	7
20-29	2
108	1

All but 4 organizations reported that the building in which the nurses lived was used for other purposes. In 13 organizations the living quarters for the nurses were in a building which served as headquarters for the organization. In some cases the building was a health center and had rooms for clinics as well as for the office of the organization. One house served as boarding home for children and another was a settlement house. In only four organizations were the nurses *required* to live in the quarters provided for their use.

Reasons for Providing House

Only 2 organizations failed to give a reason for providing a house for their nurses.

Seven organizations state living quarters for nurses were provided because it was impossible to get suitable quarters elsewhere. Fifteen organizations felt it would be advantageous to the work of the organization. Three organizations maintaining a 24 hour nursing service, 2 giving delivery service, were by this arrangement able to take care of the night calls. Two of the organizations in rural communities felt it facilitated the administration and supervision of the nursing work to have a central office combined with living quarters for the nurses. One organization said it was an advantage to have the nurses living in the house, which is a health center, to be on hand for emergency calls.

One organization had an apartment at its disposal; the nurse is given its use as part of her salary.

Reasons for Discontinuing House

As 9 of the 19 organizations no longer maintain a house or living quarters for their nurses, these reasons for discontinuing the houses are of particular interest. The causes of dissatisfaction with the arrangement were:

Tendency of nurses to talk "shop"; making for a spirit of criticism of the administration of the organization.

An occasional lack of congeniality among the nurses.

A narrowing of the social contacts of the nurses living to themselves.

A too great demand on the nurse's free time for emergency calls.

A too great responsibility and care for the director of the organization.

Problem of keeping housekeeper.

A too great expense for maintenance.

One organization presents its opinion about maintaining living quarters for nurses as follows:

Too expensive, deflection of time, energy, and spirit from legitimate work of organization. Satisfactory to no one except a few older members of the Board.

Houses Maintained at Present

Ten organizations employing 1 to 29 nurses at present provide houses or living quarters for their nurses.

Eight organizations provide rooms in a house which serves as general headquarters for the organization. These general headquarters are owned by each of the various organizations.

In one case the living quarters for nurses other than in a headquarters building are rented—in another the house is owned by the association.

Only one organization states that providing living quarters for the nurses is a self-supporting proposition.

In five organizations the superintendent or director has entire responsibility for the nurses' house. In one organization she has general oversight of the house. One house is run on a cooperative basis, the responsibility being shared by all the nurses living there. In 3 organizations, employing but one nurse each, this nurse is responsible for the care of her living quarters.

Room and board is provided by eight of the organizations. Two supply rooms only. Six of the organizations that provide room and board for their nurse employ a housekeeper, and 2 employ a maid only.

Four organizations, which have staffs of 7, 6, 3, and 1 nurse respectively require that the nurses live in the houses provided for them. In each of these cases the living provided is part of the salary of the nurse. However, 2 of these 4 organizations merely provide rooms.

The remaining six organizations, with staffs of 29, 20, 17, 10 and 1 nurse, do not require that the nurses live in the quarters provided. Where the nurse does, she pays a regular rate for her room and board.

How many of the nurses employed by these 5 organizations live in the houses provided is shown by the following:

Number of nurses employed by organization	Number of nurses living in house provided
1	1
10	2
17	2
20	6
29	Not stated

Opinions as to Advantages or Disadvantages of House

Two of the organizations which are located in rural communities have quite opposite views on the advantage of having a house for nurses.

One feels that because the organization is in a rural community there is need for providing a place for the nurses to live. It makes for greater happiness and contentment among the nurses to have a home. The administration of the work of the organization is easier and more effective.

The other organization states that having living quarters for nurses has not been at all satisfactory. The nurses prefer to make their own arrangement for living. The director finds that the details of housekeeping take up a great deal of time and that she has constant calls on her time after office hours. As soon as other arrangements can be made for offices for the organization the present house will be discontinued.

Two other organizations feel that from the point of view of the organization, of the superintendent of nurses, and of the staff nurses the arrangement is very advantageous. The nurses enjoy having a home and being with other nurses. The work is more efficient as the nurses have better understanding of it. Two other organizations feel there is a great advantage to the work as a nurse is available to take emergency calls after office hours. One organization states that the only advantage is that of "cheap living."

L. M. T.

SCRIPT OR MEMORY

To many of us, of what might be called the "Old Guard," it is a delight once more to find something from the pen of Miss Edna Foley in the pages of THE PUBLIC HEALTH NURSE.

Miss Foley's sympathetic understanding of our patients, and charming style in writing always make what she says well worth reading. Her article, "The Nurse's First Visit," in the October PUBLIC HEALTH NURSE, contains so much that we need to read, mark, learn, and inwardly digest, that I hesitate to offer an objection to a point which is, after all, a mere question of detail.

As a matter of experience, however, I would like to say that in Providence we have for two years been writing our daily reports and permanent record

cards in the homes, with the help of the patients, and have found almost without exception that the patients have liked the method, and have evidenced an intelligent interest in what they have looked upon as a careful attention to their affairs. Every general rule must have its exceptions, but in spite of considerable trepidation in introducing this plan we consider it an unqualified success.

For this reason I am venturing to "Paint the Lily."

MARY S. GARDNER

Providence, R. I.

May I call attention to one of the statements made in an otherwise admirable article entitled "The Nurse's First Visit" in your October issue?

Miss Foley states that information should be secured and should be remembered but not written down in the presence of the patient and proposes as a safe rule "pencil and notebook are not to be used in the patient's presence." She suggests jotting down in a page-a-day book as soon as the nurse is away from the house.

My objections to this statement are based on an experience of over two years during which time the nurses have carried a fountain pen and record forms in all of their visits. These records have been written in permanent form in the presence of the patient. We have found that facts recorded when secured are much more accurate and apt to be more complete than those "jotted down" at a convenient time and place away from the situation.

We have also found that being absolutely frank and honest with the patient when securing the information interests rather than antagonizes, and therefore makes for a better relationship. The disadvantages in this method we have found to be nil, though there is of course the exception which should be made to every rule. The advantages as we have found them have been:

A better relationship with the patient.

More accurate and more complete records.

Economy in time, eliminating an unnecessary process in record keeping.

This method was recommended by the Committee to Study Visiting Nursing of the N.O.P.H.N. and has, I believe, been found satisfactory by other associations as well as in Boston.

F. M. PATTERSON

Community Health Association, Boston, Mass.



SKEEZIX GETS THE ONCE OVER

Testimony of public interest in nursing published in the *Chicago Tribune* during the Illinois State Meeting, October 20-23.

REVIEWS AND BOOK NOTES

ADVISING THE TUBERCULOUS ABOUT EMPLOYMENT

W. I. Hamilton and T. B. Kidner
Williams and Wilkins Company, Baltimore, 1926.
\$2.00.

This volume contains the latest information on this difficult problem by two authors who are well qualified by technical as well as practical experience to discuss the subject in its entirety.

Logically the authors open their discussion by a statement of the problem which is doubtless well known to most nurses and social workers. However, it is well stated and helpful because it classifies the knowledge needed by the adviser to meet his problem. Few workers realize the importance of collecting information relative to the suitability of the various occupations. This is a most important phase of this problem and one that has been quite completely elaborated. There is sufficient information on such items as dusts, temperature, humidity, air motion and lighting to guide the social worker or nurse in the proper selection of occupations.

A most acceptable chapter on the value and importance of cooperating agencies has been included.

Sufficient space has been given to such special applications of vocational guidance as "special workshops, colonies and village settlements" to acquaint the reader thoroughly with their scope and possibilities.

The reader desirous of going deeper into the problem will find an excellent chapter devoted to reading notes.

This book is recommended to all public health nurses, social workers—professional and lay—who are dealing with the problem of employment for the tuberculous.

H. R. EDWARDS, M.D.

A stout mimeographed volume of the *Proceedings of the First Filipino Nurses' Convention* held in Manila is a remarkable evidence of the growth of nursing service in the Philippines both in institutions and in public health work during a very few years. Mr. Camilo Osias, President of the National University, in his address on "The Practical Patriotism of Our Women" says:

In our country woman is highly respected . . . In no other part of the Orient have women relatively so much freedom or do they play so large a part in the control of the family or in social and even industrial affairs. It is a com-

mon remark that Filipino women, both of the privileged and of the lower classes, are possessed of more character, and often too of more enterprise, than the men.

The Children's Bureau has recently issued four folders which all nurses will want to have.

Sunlight For Babies, describes the technique of giving the baby daily sunbaths.*

Breast Feeding, deals with the diet of the nursing and expectant mother, and with methods through which breast feeding may be made possible.

Community Care of Dependent, Delinquent, and Handicapped Children, outlines in simple form the methods through which communities can assist children in need of special care.

From School to Work—the story of a "typical" American boy and girl living in an imaginary community which trains and helps its children to select the work they are best able to do. Vocational counseling, trade schools, scholarships, continuation schools, and efficient administration of child labor laws are taken up.

Other folders in this series will follow.

U. S. Public Health Service Bulletin No. 148—*Mental Hygiene with Special Reference to the Migration of People* is, as the preface states, a "résumé of the present status of information upon the relationship of immigration to the conservation of mental health and will serve as a background for future studies in this particular field." In addition to the chapters on Public Relief Policies in America, Evolution of Immigration Laws, Preventive Measures, Mental Examination of Immigrants and other information, it contains an interesting chapter on some features in the Psychopathology of Racial Groups and also one on Glimpses of European Ethnogeny. This valuable pamphlet also contains a large number of tables and graphs as well as a bibliography. Price 25 cents. Superintendent of Documents, Government Printing Office, Washington, D. C.

U. S. Public Health Service Bulletin No. 164—*Transactions of the Fifth Annual Conference of State Sanitary Engineers* contains a discussion of tourist camp sanitation from the points of view of several states. We learn that the Public Health

*"The Prevention of Rickets" by Martha M. Eliot, M.D., was published in THE PUBLIC HEALTH NURSE for July, 1926.

Service is preparing a treatise on this subject which will discuss tourist camps from all viewpoints. It will be published in the near future.

Mental Hygiene Bulletin for October, 1926, published by the National Committee for Mental Hygiene, 370 Seventh Avenue, New York, is mainly devoted to Points on Child Behavior by Lawson G. Lowrey, M.D. The sections take up the following Pertinent Points for Parents:

- Do I cause my child to be nervous?
- Do I cause my child to disobey?
- Do I cause my child to have temper tantrums?
- Do I cause my child to be dishonest?
- Do I frighten my child so he becomes timid and fearful?

Being a Proper Parent is the Most Important Job Any of Us Has, Dr. Lowrey remarks. We live in our children, so it behooves us to do a good job.

The Eleventh Annual Report of the National Committee for the Prevention of Blindness contains much information of value and general interest.

One of the interesting projects of the Committee is the study by ophthalmologists and public health physicians in coöperation with the United States Public Health Service and the Indian Bureau, of the trachoma situation among the Indian reservations.

The report can be obtained from the new headquarters of the Committee at 370 Seventh Avenue, New York City. Dr. B. Franklin Royer is now Medical Director of the Committee.

We remind our readers that information concerning publications of the National Committee for the Prevention of Blindness will be sent on request. Single copies of a number of these are free.

Smallpox—A Preventable Disease has just been published by the American Association for Medical Progress. Like its admirable predecessor, *Diphtheria—Curable and Preventable*, which we noted in the November magazine, this pamphlet provides excellent talking points for nurses and gives in brief space historical and present-day information which show that "smallpox will continue to be a source of danger until complete and systematic vaccination is extended to the entire population." With all our expenditure of money, energy and publicity for public health, it is not encouraging to learn that more cases of smallpox per year are reported by the United States than by any other nation in the world with the exception of certain parts of Asia.

This is an excellent pamphlet to recommend to intelligent laymen. Information concerning the other publications of this society can be obtained from the American

Association for Medical Progress, 370 Seventh Avenue, New York City.

Penn Points is the Perfect Penname for the new publication of the Graduate Nurses' Association of Pennsylvania with its cover all in blue and gold which we take for granted are the state colors. As befits the first number, this contains a history of the organization, which we learn was founded in 1903 and which now has on its roll nearly 7,000 nurses. Last year the Association voted for an increase of dues to support a full time General Secretary and to provide nursing headquarters. These have now been established in the Mechanics Trust Building, Harrisburg. At the same time the Association, with rare forethought, appointed a Historian whose first records appear in this volume. History, which the dictionary defines as "a continuous methodical record of public events," is unfortunately too often neglected in our violently moving country but its value is indisputable. We are glad to learn that the newly appointed historian is already engaged in preparing a history of nursing in the state. This being somewhat of a hobby of ours, we hope a movement is on foot in every state to do likewise. Congratulations and good wishes to the Association and to the Editor, Esther R. Entriken.

Many of us have doubtless already read in *Harper's* for November Dr. Louis I. Dublin's article, "The Economics of World Health." It is now available in reprint form and may be obtained from the Metropolitan Life Insurance Company. We quote two paragraphs.

Health work, when properly undertaken and adequately financed, pays by every test of a modern business organization.

The International Health Board, the Health Organization of the League of Nations, and those other bodies which function in international health service are at the very forefront in bringing nations together on a higher plane. Such work creates a better understanding between nations and increases mutual trust and respect. What concerns the health of the people touches after all the most responsive chord in the heart of mankind.

The list of *Health Films* prepared by the National Health Council is now in mimeographed form. It is hoped that the list in printed form will be ready by the first of January. In its final form the list will contain a synopsis of each film and the names of distributors of films.

The *Report of the Health Section of the World Federation of Education Associations* held at Edinburgh, Scotland, July, 1925, recently published by the American Child

Health Association and the Metropolitan Life Insurance Company, is an interesting volume of education and health in many lands—Hungary, Austria, Japan, Belgium, England and our United States. It can be obtained from the American Child Health Association, 370 Seventh Avenue, New York City, price 50c. per copy. We quote some paragraphs from Julia Wade Abbot's paper, *The Teacher and Her Kingdom*: "In the small kingdom of the schoolroom, the teacher's ideals and standards determine whether the government is an absolute monarchy or a constitutional monarchy. Happy the schoolroom whose teacher has a deep interest in the health and development of every child. . . ."

"The health education movement is helping place emphasis upon what *we know* children do rather than *what we think children know*. This is true character education. . . . 'The health of the child is the strength of the nation.' Walt Whitman wrote these lines for the dedication of a public school:

These young lives,
Building, equipping like a fleet of ships, immortal
ships,
Only a lot of boys and girls?
Only the tiresome spelling, writing, ciphering
classes?
Only a public school?
.
Ah more, infinitely more;
Cast you the real reckoning for your present?
The lights and shadows of your future, good or
evil?
The girlhood, boyhood look, the teacher and the
school.

The American Red Cross has just issued a revised edition of its *Guide for Instructors in Home Hygiene and Care of the Sick* for distribution only to nurses who are authorized as Red Cross Home Hygiene Instructors. It has been rearranged to conform with the text book in its present form and includes methods and illustrations of lesson planning as well as the newer methods of testing and other specific aids for teaching, together with illustrations and lists of equipment.

Early in 1925 the American Country Life Association appointed a committee known as The American Country Life Association Committee On The Farm Woman Movement, each member of which had some definite type of contact with farm women throughout the country. At its second meeting this committee expressed the opinion that a "farm woman movement" was in existence and in order to test out this observation decided to bring together a group of sixteen representative farm women to check up the thinking of the committee against that of actual farm women, each one to represent the thinking of one section of the country.

At the first meeting of this group of farm women it was found that they represented various types of agriculture, and various points of view of organized agriculture. The meeting was held in Chicago, March 8-11, 1926, under the joint auspices of the American Country Life Association and *The Farmer's Wife* Magazine and the question: "What do farm women want?" was considered from many angles. A summary of the three day conference is contained in a booklet *The Farm Woman Answers the Question*, published by *The Farmer's Wife*, St. Paul, Minnesota. Here are a few of the wants: a bank account, good roads and other means of contact, all the latest machinery in the home so they can have more time to get out, closer coöperation between town and country people, a chance to have their hobbies materialize, farm women representation on state and national committees.



Courtesy of The Commonwealth

Po' li'l Jesus, (*Hail Lawd*)
Child o' Mary, (*Hail Lawd*)
Bawn in a stable, (*Hail Lawd*)
Ain' dat a pity an' a shame!!
Po' li'l Jesus, (*Hail Lawd*)
Tuck Him tum a manjuh, (*Hail Lawd*)
Tuck Him f'um His mothuh, (*Hail Lawd*)
Ain' dat a pity an' a shame!

From *A Chronicle of Unknown Singers*
by R. Emmet Kennedy. A. & C. Boni,
publishers.

A most agreeable pamphlet by Dr. Donald B. Armstrong reprinted from the New York State Journal of Medicine, entitled *Intimations of Public Health in Early New York* contains the following notes.

The records of early New York during both the Dutch and English occupation, up through the first half of the Nineteenth Century, reflect the sanitary and hygienic problems of which the community and its leaders were conscious. One finds certain measures of personal hygiene and certain initial provisions for the control of medical service, including certain beginnings at the socialization of medicine. A few examples

of early health provisions may be cited from the New Netherland Register for February, 1652:

"The first members of the medical profession in New Netherland were, of course, ship surgeons who practiced on shore while their vessels lay in port."

Of this period Mrs. John King Van Rensselaer wrote:

"A midwife by the name Maryje Jans was sent to the Colony, and also two men by name Sebastien Jansen Crol, and Jan Huyck, sick men's comforters, who were ordered to nurse and doctor the injured, and also conduct prayer meetings, read the Bible, and look after the welfare and morals of the community."

The practice of midwifery was not neglected. The New England Register states:

"Midwives in Holland, before being licensed were duly examined by a board of physicians. One of such licensed women was appointed midwife to a town or village. This custom was transferred to New Netherland."

There is also on record an order allowing Hellegond Jons, a midwife, a salary of 100 guilders (\$40) a year for attending the poor. Whether she was considered overpaid or not, the record does not state. The record does indicate, to quote again, that "as early as 1658, a hospital was provided in a clearing, with fires of wood, and a nurse was engaged to look after the sick." The exact location of that institution is apparently uncertain.

A Memorial Tablet has been placed in Westminster Abbey in memory of the million English dead in the Great War. Included in the number are many British nurses and others from the overseas dominions. The inscription reads:

To the glory of God and to the memory of one million dead of the British Empire who fell in the great war 1914-1918. They died in every quarter of the earth and on all its seas and their graves are made sure to them by their kin. The main host lie buried in the lands of our Allies of the War who have set aside their resting places in honour for ever.

CHRISTMAS GIFTS—A SUGGESTION



The Antiseptic Baby and the Prophylactic Pup
Were playing in the garden when the Bunny gamboled up;
They looked upon the Creature with a loathing undisguised;—
It wasn't Disinfected and it wasn't Sterilized.

And now—

There's not a Micrococcus in the garden where they play.

This is just a trifle from the poetic riches of the 1927 Nursing Calendar. Most of the rest of it isn't so frivolous—but some is—and the illustrations for each poem are really delightful. As to Miss Upjohn's Christmas Tree frontispiece, it has a gayety and appeal quite irresistible. Practical details: Order from the National League of Nursing Education, 370 Seventh Avenue, New York. Single copies, \$1.00; lots of fifty or more, 75 cents.

NEWS NOTES

The death of Miss Louisa Lee Schuyler, founder of the New York State Charities Aid Association, on October 10th, recalls to all nurses her many and great services to the nursing profession. Miss Schuyler's history is one of constant constructive effort to better social conditions in the state, her interest in this work dating from the Civil War when she organized the Women's Division of the Sanitary Commission, the precursor of the Red Cross, and continuing until her death. In 1872 she founded the State Charities Aid Association and in the following year took the leading part in establishing the first American training school for nurses at Bellevue Hospital. Another project which owes its origin to her is the National Committee for the Prevention of Blindness. An outstanding service of hers to the state was in helping to bring about the removal of the insane from poorhouses and inducing the state to establish the present modern hospital system for the care of the mentally ill. She was also instrumental in securing legislation prohibiting the sending of children to poorhouses and making provision for children removed from almshouses.

Her career was marked by signal honors and at her death she received the tribute of distinguished leaders. A descendant of Alexander Hamilton and General Schuyler, she bore splendidly the traditions of those names. Elihu Root, a member of the Board of Managers of the State Charities Aid Association, speaks typically of the devotion she inspired when he says:

"The death of Miss Louisa Lee Schuyler, removes a very distinguished public character from the life of our time. She inherited a great name and great traditions of public spirit and public service. Her life furnishes the most signal example for the women of America to follow in their desire to play an effective and creditable part in the life of the country. She was wise and faithful in her humane and unselfish service for the public, and she was an admirable, loyal and lovable friend."

An important development in nursing education was consummated when the California Legislature of 1925 passed a bill which created a Foundation in Nursing Education in the University of California. The impetus for this action was given by the nurses of California in meeting the desire of the State Board of Control for the disposal of a surplus fund accumulated from the registration fees received by the Bureau of Registration of Nurses. This fund had gathered during a period of two years since it was "frozen" by a decision

of the Supreme Court in 1923. The directors of the California nursing organizations decided that this surplus amount should be used to establish a Chair of Nursing Education in the University of California at Berkeley.

The next step in the establishment of the new Foundation in Nursing Education at the University has now been accomplished. On October 13th, the Regents of the University appointed Mary May Pickering, R.N., Bachelor of Letters, Berea College, Kentucky, and Director since January, 1922, of the University of California Training School for Nurses, as Assistant Professor of Nursing Education. Miss Pickering is a graduate of the Massachusetts General Hospital School of Nursing.

The Chair of Nursing Education will be placed within the Department of Hygiene. While the Department of Hygiene is responsible for the administration of the Chair, other departments will also contribute to the needs of this young foundation. Courses in Teaching and Administration in Schools of Nursing, accompanied by correlated courses in History of Education, Psychology, Principles of Teaching, and Preventive Medicine, will be provided.

A Committee on Nursing Education has been appointed to act in an advisory capacity, consisting of the Deans of the Medical School, the School of Education, the College of Letters and Science; the Chairman of the Department of Hygiene, the Assistant Professor of Public Health Nursing, the Assistant Professor of Nursing Education, the Presidents of the California nursing organizations, and the Director of the Bureau of Registration of Nurses. The Dean of Women is Chairman.

The establishment of this Foundation at the University of California meets a great need in nursing education. In that great western country there has hitherto been no endowment to provide facilities for the preparation of teachers and administrators in schools of nursing. The endowment, comparatively small in amount, is unique as representing the spirit of nurses in California. It has been accumulated wholly from money paid by nurses as fees for registration. It will be devoted to a great purpose, which in its development, we trust, will demonstrate the worthiness of a larger endowment.

The American Nurses' Association announces the appointment of Janet M. Geister as Director of Headquarters of the A.N.A. to take effect January 1, 1926. Miss Geister will also act as nursing consultant to the Committee on Grading of Nursing Schools.

The Executive Committee of the American Heart Association announces with regret the resignation of Miss M. L. Woughter as Administrative Secretary. In 1916 Miss Woughter was appointed Executive Secretary of the New York Association for the Prevention and Relief of Heart Disease, the pioneer organization in its field. With the exception of war service she served continuously as executive officer of this association. Since the organization of the American Heart Association Miss Woughter has been in charge of the activities of the central office.

Miss Woughter has accepted the position of Executive Secretary of the New York State Nurses' Association. Her connection with the American Heart Association has given her many opportunities for wide acquaintance with nurses in the public health field which will be of much value in her new position.

The Division of Health Education of the American Child Health Association is engaged in the preliminary plans of a thorough and analytical study of school health programs, with a view to determining which programs are and which are not effective. The study will probably continue for a period of years.

A small conference of experts in the fields of health and education was called last spring to discuss the project. Other specialists and technicians who did not attend the conference have also been consulted.

On the completion of the preliminary work it is planned to conduct this study in schools in various parts of the country.

The study, like all the health education work of the American Child Health Association, is in charge of Miss Dolfinger. A permanent staff, however, has been secured and will be augmented from time to time by specialists in different fields. The present staff includes: Professor William A. McCall, research advisor; Dr. Raymond Franzen, research director; Dr. Harold H. Mitchell, medical director, and Mr. C. M. Derryberry, research assistant.

The first unit of the Wilmer Eye Institute, financed by a fund of \$3,000,000, opened October 29 as a part of the Medical School and Hospital of Johns Hopkins University. This Institute is the first medical center in America for research into the causes of blindness and treatment of diseases of the eye.

The celebration of the Fiftieth Anniversary of the Johns Hopkins University held on October 22nd in Baltimore was commemorative of the formal opening of the new building of the School of Hygiene and Public Health. Dr. Andrew Balfour, director of the London School of Hygiene and Tropical Medicine, spoke on Hygiene as a World Force.

VISITORS FROM ABROAD

Miss Helen Bridge, Director of the School of Nursing, Warsaw, Poland, is in this country on a leave of absence, and has recently enlivened our headquarters office with her invigorating presence. She will spend Thanksgiving and Christmas with her family.

Mlle. Annette Dohring of France has been a recent visitor to headquarters. Mlle. Dohring has been connected with *L'Association d'Hygiene Sociale* in the devastated regions of France and is returning, after some months of study and observation in this country, to take charge of a new section near Soissons and there develop public health nursing.

Mlle. Helene Mugnier, Director of the School of Nursing of the group of municipal hospitals—which cares for 7,000 patients—in Lyons, France, has also been here for study and observation. Mlle. Mugnier gave a paper at the meeting of the National Tuberculosis Association in Washington. Her work in Lyons—the establishment of modern nursing methods in an old and conservative city—is especially interesting. One of its group of municipal hospitals dates back to the tenth century with old and beautiful accretions difficult even to imagine in our land. The several hospitals are under the charge of Sisters, a number of whom have recently gone to one of the London hospitals for special study of methods. We are hoping later for an account of the public health nursing started in Lyons in connection with the work of the school.

NOTES FROM THE STATES

Alabama

The Fourteenth Annual Meeting of the Alabama State Nurses' Association was held at Mobile, Oct. 19 and 20. Mrs. T. D. Parke, President of the Alabama Federation of Women's Clubs, spoke on the question, What the Public Wants in a Nurse, and Dr. W. T. Henderson of Mobile followed with What the Physician Wants in a Nurse. Miss Ely of the Red Cross Nursing Service contributed on What the Superintendent Wants and Miss Leah East, R.N., of Mobile spoke on What the Graduate Wants. Each address was followed by an interesting discussion. Miss Zoe La Forge, Director of Nursing, Department of Health of Jefferson County, spoke on The Nurse as a Factor in Preventive Medicine. Miss Jessie L. Mariner, R.N., Director Nursing, Department of Health, Montgomery, gave an address on the topic Ethics. Miss Mary Roberts delivered an address at the dinner session at the Alba Club.

Arkansas

The Arkansas State Organization for Public Health Nursing met at Fayetteville in conjunction with the Arkansas State Nurses' Association November 1, 2 and 3.

NOTES FROM THE STATES—Continued

Mrs. Elsbeth H. Vaughan of St. Louis spoke on the health work of the American Red Cross and Miss Emma Johnson, of the Home Economics Department of the University of Arkansas, gave an address on Nutrition. Dr. J. R. Jewell, Dean of the School of Education of the University of Arkansas, addressed the meeting on the question Why We Behave Like Human Beings. The following officers were elected:

President, Mary Tucker, Little Rock.

First Vice-President, Agnes McCall, Warren.

Second Vice-President, Marie McKay, Russellville.

Secretary, Mrs. Nellie Ford Coulson, Little Rock.

Treasurer, Retha Riley, Little Rock.

California

The 1927 Convention of the National League of Nursing Education will be held in Oakland, California. The dates of the Convention are not yet fixed. As soon as decided upon, the time will be announced.

Georgia

The Georgia State Association of Graduate Nurses and the Georgia State Organization for Public Health Nursing met in joint session October 21 to 23 in Savannah. Miss Mary M. Roberts, Miss Jane C. Allen, Miss Blanche Pfefferkorn and Mrs. Charlotte Heilmann were guests of honor. One of the main accomplishments at the meeting was the organization of a state League of Nursing Education. Dr. Victor H. Basset, health officer of Savannah, spoke on "Opportunities for Nurses in Public Health Work."

The S.O.P.H.N. has suffered during the past year from a number of changes and the resignation of its president, Miss Anne Gallagher, but is again on a normal basis. New officers were elected, Virginia P. Gibbs, Cobb County Public Health Nurse, being chosen president; Ann M. Hellner, first vice-president; Mrs. Ann Rivers, second vice-president; Emma Habenicht, secretary; Ethel Boone, treasurer.

The Savannah nurses were excellent hostesses. An oyster bake, held on the river bank in a grove of moss-draped trees was a typically pleasant affair. Tubs of oysters in the shell and fresh shrimp were steamed over outdoor fires and heaped at intervals on the long tables set out under the trees. The northern guests learned how to crack oysters open and to extract the meaty portion of shrimps from their shells, and use the luscious bits as sandwich filling with hot buns. Another event was the twenty-two mile drive on the palm-lined boulevard to Wilmington Flats.

Illinois

The Illinois State Association of Graduate Nurses held its 25th Annual Meeting cele-

brating the 25th Anniversary of its founding October 20 to 23 in Chicago. A distinguished group participated in the program, Miss Annie Goodrich, President Mason of the Chicago University, Miss Elizabeth Fox, Dr. May Ayres Burgess and Miss Winifred Rand taking part.

A mark of the impression which the meeting made was the devotion of a comic strip in the *Chicago Tribune* to its interpretation of the public mind. We reproduce the entertaining cartoon on page 659.

Iowa

The twenty-third annual convention of the Iowa State Registered nurses was held October 19 to 21 at Cedar Rapids. At the sessions of the Public Health Section Lola Yerkes gave an interesting paper on Health Work in Other States, June Lyday spoke of the Mobile Clinic and Ella Chayer summed up the Valuation of Devices Used in Teaching Health. A business meeting was held, a session for industrial nurses and a public health luncheon at the Montrose Hotel. Amy Daniels, Children's Hospital, Iowa City, gave an address on Nutrition and Infant Feeding.

Minnesota

The annual convention of the Minnesota State Registered Nurses' Association, the State League of Nursing Education and the State Organization for Public Health Nursing met in Duluth, October 13 to 16. Dr. J. A. Myers gave an interesting talk on the Nurse's Part in the Tuberculosis Program. Elizabeth Fox spoke on the Meaning of the Public Health Nursing Census and Robina Kneebone gave the report of the Posture Contest at the Minnesota State Fair.

Missouri

At the meeting of the Missouri State Nurses' Association and the State League of Nursing Education an interesting plan was tried, that of combining the state meeting with a Joint Institute on Nursing Education, Public Health and Private Duty. The topics taken up at the Institute were Rural Problems, conducted by Elizabeth G. Fox, and The Philosophy of Teaching by an educator. At a session on the Teaching of Pediatrics in Schools of Nursing, Marjorie Moore, Washington University School of Nursing, gave an illuminating exposition of the point of view of the nurse teacher. Miss Fox, at a session on Organizations and Programs for Public Health Nursing, delivered a lecture on General Trends. A number of interesting Round Tables were featured throughout the meeting. The Institute was so arranged that the lectures of one group did not conflict with those of another. The experiment proved very successful.

NOTES FROM THE STATES—Continued

New Jersey

The Nineteenth Annual Meeting of the New Jersey Organization for Public Health Nursing was held on November 6th at Camden, N. J. In the absence of the President, Miss Anna Ewing of Newark, who had a fractured shoulder, the Vice-President, Miss Grace Miller of Leonia, presided. Following the business session in the morning there was a Round Table discussion led by Miss Mary E. Edgecomb of Englewood on the topics, How Lay Members May Assist in the Administration of Public Health Nursing and The Responsibility of the Professional Group to the Lay Members. Miss Jane Allen spoke on The Function and Value of Organization in Public Health Nursing.

The Thirty-ninth Annual Council of the Guild of St. Barnabas for Nurses met in Orange, New Jersey, October 20-21. Papers on the following subjects were read: The Spiritual Aspects of Nursing, What the Guild Means to a Graduate Nurse, to a Student Nurse, to an Associate Member, What the Guild Might Mean to the Nursing Profession. A business session was held and new officers were elected.

New York

The Annual Meeting of the New York State Organizations of Nurses was held October 26 to 28 at Binghamton. At the session of the State Organization for Public Health Nursing, Mrs. Anne L. Hansen, President of the National Organization for Public Health Nursing, spoke on Standards in Public Health Nursing, and Mrs. Richard Noye of Buffalo on What Public Health Nursing Means to the Layman. The discussion was opened by Mrs. George Kent of Binghamton who advocated a special course for Boards of Directors. The Chair was authorized to appoint a committee to draw up plans and to gather together information for a section or separate organization of lay persons in connection with the State Organization for Public Health Nursing. This will probably be a section within the organization.

Heart Disease as a Public Health Problem was the subject of a paper by Miss M. L. Woughter, Secretary of the American Heart Association. Nursing Conditions in Turkey were discussed by Hazel Hotson.

An address was given by Dr. Mathias Nicoll, Jr., Commissioner of Health of the State of New York. Dr. John Swan of the American Society for the Control of Cancer gave a message to public health nurses on the attention to be paid to the first symptoms of cancer. Dr. Franklin Royer, Medical Director of the National Committee for the Prevention of Blindness, spoke on Eye Conservation.

The president elected was Miss Elizabeth Stringer.

Oregon

The first sectional meeting of the Oregon Organization for Public Health Nursing was held in Roseburg on November 6. Seven counties in Southern Oregon were represented and 27 public health nurses were present. Lay members, friends and nurses, to the number of fifty were registered for the meeting.

Marion Crowe, Superintendent of the Portland Visiting Nurse Association, gave the presidential address. Ella Walp Brown, Director of the Library Service, Marion County Child Health Demonstration, spoke on Books and Magazines for Reading and for Recommendation and Louise Schneider, Department School Hygiene, Health Department, Portland, gave a talk on The Nurse as an Educational Propagandist. Dr. Estill Brunk, Oregon State Dental Society, outlined A Community Dental Program and at a Round Table, Natalie Markwitz, of the Douglas County Unit, presided at a discussion of Professional Relationships. Vera Beard of the Jackson County Unit presided at a Round Table discussion of Interaction in Nursing Activities.

Pennsylvania

The Pennsylvania State Organization for Public Health Nursing held its Third Annual Meeting in Philadelphia on October 28, 1926. After a general business session with Esther R. Entriken, President, presiding, there was a well planned program of four Round Tables. At the first with the subject, The Relationship Between the Various Types of Public Health Nurses when Working in the Same Community, Fannie Eshleman read a paper outlining the methods of coöperation used by the Phipps Institute, Philadelphia; Amelia Culbertson, Department of Health of Philadelphia, presented the child hygiene nurse's problem in dovetailing her work with that of other nursing organizations; Margaret Paul, Eastern Delaware County Visiting Nurse Association, spoke of the school nurse's responsibility to the child, home and school; and Harriet Frost, Pennsylvania School of Social and Health Work, gave the visiting nurse's part in the general scheme of things.

At the second Round Table there was a discussion on The Relationship of Social Workers to Public Health Nurses in both Large and Small Communities. Betsey Libbey, Philadelphia Family Society, and Evelina Walbaum, social worker, presented the social worker's point of view, and Amy Wood, American Red Cross, Washington, D. C., and Annie Laurie, Erie Visiting Nurse Association, summed up that of the public health nurse. It was interesting to note the mutual understanding that has developed in these two professional groups through working together for the common good on the same problems.



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NOTES FROM THE STATES—Continued

The Lay Members' luncheon, with Mrs. William R. Mercer as Chairman, was a feature of the Convention, about one hundred guests and lay members attending. The speakers were Gertrude Peabody, Boston, Mrs. John Huntington, Norwich, Connecticut, Mrs. Riley Alter, New Kensington, Pennsylvania.

The subject of the third Round Table was Some of the Newer Developments in Organization and Methods. Methods and Results in Group Teaching were outlined in an interesting paper by Frances Benjamin, East Harlem Nursing and Health Demonstration, and Developments of Public Health Nursing on a County Plan were discussed by Jane Allen, Director of the National Organization for Public Health Nursing.

At the final Round Table the subject was Present Day Problems and Trends in Public Health Nursing, with Miss Netta Ford, Director of the Visiting Nurse Association, York, presiding. Nutrition was discussed by Anna DePlanter, Philadelphia Child Health Society, and Marie Nelson, New Haven Visiting Nurse Association, who told of the development of "Visiting Housekeepers" work in that Association. Miss Marie Donohoe, Boston Community Health Association, gave an instructive paper on Mental Hygiene as Part of a Public Health Nurse's Program.

At the evening meeting Dr. Hornell Hart, Associate Preceptor of Social Economy, Bryn Mawr College, gave a masterly address on Mental Health.

Rhode Island

The Rhode Island State Organization for Public Health Nursing held its quarterly meeting October 28, in Providence. The session began with a luncheon followed by a business meeting and general conferences for nurse and lay members.

The principal speakers were Anna I. Griffith, Rhode Island Children's Bureau; Miss Mary S. Gardner, Providence District Nursing Association; Mrs. Helen LaMalle, Nursing Service, Metropolitan Life Insurance Company.

EXTRA-TERRITORIAL NOTE

Cuba

The fifth Pan-American Child Congress will be held in Havana, Cuba, February 13-20, 1927. The Congress will be divided into six sections—Medicine, Hygiene, Sociology, Education, Psychology, and Legislation. Information concerning the organization and program, general arrangements, etc., may be obtained from the Children's Bureau, Washington, D. C.

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